



**Maternal and Child Health Services
Title V Block Grant**

**State Narrative for
Guam**

**Application for 2011
Annual Report for 2009**



Document Generation Date: Saturday, September 18, 2010

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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.

An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

The assurances and certificates are maintained at the Chief Public Health Office at the Department of Public Health and Social Services.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

In the beginning of 2009, the new Public Health Approach on Early Childhood Mental Health grant "Project Karinu ("Caring for Babies") was awarded to the Department of Public Health & Social Services (DPHSS). A needs assessment of Guam's resources and needs in the area of early childhood mental health had to be performed as part of the grant.

The Project Karinu Core team members were the Interim Project Director, Project Evaluator, Cultural Linguistic Expert, Technical Assistance Coordinator, and representatives from: BFHNS, BOSSA BPSS, and parent support groups. Some of the topics discussed included barriers to services, gaps between age groups in regards to services by providers, and priorities for CSHCN population.

Many government agencies and organizations are involved in educating parents on the various services and programs available to them. One of these resources is the Parents Information Resource Center (PIRC) which provides parenting skills and child development training. "Project Tinituhon" involved parents in their focus groups to share their views and concerns on young children with signs of social and emotional disorders.

The MCH Program requested for public input by making the MCH grant available to the general public for perusal and comments.

An attachment is included in this section.

II. Needs Assessment

In application year 2011, the 2010 Needs Assessment will be attached to this Section II.

An attachment is included in this section.

C. Needs Assessment Summary

The Needs Assessment for 2010-2015 will be the basis for the MCH Program's priorities, performance measures, and planned activities for the next five years. The MCH Task Force consisted of public and private stakeholders, parents and parent groups. They included ACT, Anderson Air Force Base Family Health Services, BOSSA, BPSS, BCDC, BPCS, DPHSS Dental Program, EMS, BHCFA, Catholic Social Services, DOE, GEIS, DYA, OHS, FHP Medical Center, GPPT, GHURA and GMHA. The Task Force was tasked to decide on Guam's priorities for the next five years. The Guam Early Learning Council and the members of Project Karinu assisted in developing and establishing the priority needs of the MCH population on Guam.

There were eight priority statements that were identified through the Title V Maternal and Child Health (MCH) needs assessment process. These priorities are to be the program focus for the MCH Program, in conjunction with many related programs and agencies during the next five years.

The top ten priorities for Guam for the next five years are in order of importance are:

- (1) To reduce the rate of pregnant women who receive no prenatal care
- (2) To reduce the rate of infant mortality and morbidity
- (3) To reduce the rate of children who are overweight.
- (4) To decrease the percentage of women who use alcohol, tobacco, and drugs during pregnancy
- (5) To increase the number of clients availing MCH/CSHCN services for children 0-21 years and their families
- (6) To decrease the rate of Chlamydia for teenagers and young adults aged 14-22 years
- (7) To increase the number of people accessing vital records information online within DPHSS
- (8) To reduce the incidence of maltreatment of children younger than 18 years of age
- (9) To decrease the percentage of Guam high school students who have engaged in sexual intercourse
- (10) To reduce the adolescent death rate.

The previous priorities were:

- (1) To reduce the percent of pregnant women who received no prenatal care.
- (2) To reduce the rate of unintended pregnancy.
- (3) To decrease the percentage of women who use alcohol, tobacco and other drugs during pregnancy.
- (4) To decrease the percent of overweight and obesity in high school children.
- (5) To improve accessibility to MCH/CSHCN services for children 0-21 years and their families.
- (6) To strengthen the Health Information System within the island's facilities.
- (7) To reduce the incidence of maltreatment of children younger than 18 years of age.

III. State Overview

A. Overview

Guam is an island located in the western Pacific Ocean and is an unincorporated territory of the United States. It is the southernmost and largest island in the Mariana Islands chain and is also the largest in Micronesia. It is 212 square miles in area and has a population of 178,000 people according to a 2010 estimate (CIA World Factbook). The island is governed by a governor and lieutenant governor, who are elected every four years, and a unicameral legislature consisting of 15 senators, who are elected every two years. Guam elects one non-voting delegate to the U.S. House of Representatives. Residents who are born on Guam are considered U.S. citizens. The main economy of Guam is tourism and the military. The population is distributed into 19 villages. According to the 2000 U.S. Census, 40% live in the north, 41% live in the central area and 19% live in the south. The majority of the people live in the northern village of Dededo (28%). The villages are overseen by mayors and vice-mayors. (See attachment Table 1)

The largest ethnic group is the native Chamorros (37%), followed by Filipinos (26%), Pacific Islanders (11%) and Caucasians (10%). The 1986 Compact of Free Association between the U.S., the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau, that allowed the citizens of these island nations to freely travel and live in the U.S. and its territories, accounts for the significant number of Pacific Islanders on Guam. In regards to the MCH population, out of the 18,305 impact migrants in 2008, 12.5% were under the age of 5 years old and 22% were between the ages of 5 to 14 years old (Guam Statistical Yearbook (GSY) 2008). The Compact of Free Association provided for U.S. economic assistance (including eligibility for certain U.S. Federal Programs), defense of the FSM, and other benefits in exchange for U.S. defense and other operating rights in the FSM, denial of access to FSM by other nations, and other agreements. The Compact was renewed in 2003 for another 20 years.

The U.S. Government budgets \$30 million a year to reimburse Guam, Hawaii, American Samoa and the Northern Mariana Islands for providing services to immigrants from FSM, RMI and Palau. This amount is grossly inadequate. An audit was done for the years 1987 to 2003 in regards to the actual costs associated with providing services to the immigrants on Guam, and the amount totaled to \$269 million for Guam alone ("Compact Impact Reconciliation: Guam's Unreimbursed Costs of the Compact of Free Association Fiscal Year 1987 to Fiscal Year 2000, by Slater, Nakamura, & Co, LLP, 2004). This amount included \$178 million for education, \$43 million for public safety, and \$48 million for health, welfare and labor. The Department of Public Health and Social Services (DPHSS) is owed \$38 million and the Guam Memorial Hospital Authority (GMHA) for \$8 million.

GMHA is required under the local law to treat all patients who come through its doors, regardless of their ability to pay or their medical condition. The majority of impact migrants are unable to pay for the services they receive at GMHA and DPHSS because 45.2% are living below the poverty level and 81% are below 185% poverty level (GSY 2008). This unreimbursed cost has placed a burden on the Government of Guam. DPHSS and GMHA are unable to pay their suppliers and vendors because they are spending more money than what they are allotted by the administration. According to Public Auditor Doris Flores Brooks, the Government of Guam General Fund deficit for 2009 was \$265 million.

The average annual wages for Guamanians in 2008 was \$29,400 and the unemployment rate, as of September 2009, was 9% (U.S. Census). The number of people living below poverty level is relatively high. The percentage of the population living below the poverty level is 28%, with families living below the poverty level at 20%. The rate for families with a female as head of household was even greater at 39%. If related children under 5 years old were considered, the number was even higher at 52%. (See attachment Table 2)

DPHSS estimates that 60,000 people on Guam are uninsured or underinsured. Education attainment, employment opportunities, childcare and cost of living may all have contributed to the

increased numbers of poor and uninsured people. There are a number of federal public assistance programs available to families who qualify due to their low income levels. There were 26,662 people receiving food stamps and 6,533 people on the Women, Infants, and Children (WIC) Program (GSY 2008). There were 12,291 people under the Medically Indigent Program (MIP), and 30,928 people on the Medicaid Program (DPHSS Medicaid and MIP FY09 Demographics Report). MIP is a 100% locally funded program established by Public Law 17-83 in October 1983 to provide financial assistance with health care cost to individuals who meet the necessary income, resource, and residency requirements. (See attachment Table 3)

Guam is considered an important military hub because of its strategic location in the Pacific. It is 1,500 miles from Japan, and 2,000 miles from Korea and China. The U.S. military maintains several bases on Guam which is reflected by the large number of military personnel and their families on the island, which is estimated to be over 12,000. The land owned by the military is approximately 29% of the total land area. Guam is currently in the midst of one of the largest military buildup in the history of the United States.

In 2006, the US and Japan agreed to relocate a Marine base to a less populated area in Okinawa. The relocation of 8,000 Marines and their 9,000 dependents to Guam were part of the agreement. In order to prepare for this massive buildup, thousands of off-island workers are needed for numerous buildup-related projects across the island. It is estimated that about 41,000 people will be added to Guam's population during the peak construction period.

One of the biggest problems associated with the relocation is that the existing infrastructure on Guam is inadequate to handle this huge increase in population. The waste water treatment plant can't handle such a large population. The roads are not wide enough to handle that many drivers. There is only one port to handle off-island cargo. Shipments are expected to jump from 100,000 containers to 600,000 in a few years.

Another problem is the effect the buildup will have on social services. There is only one civilian hospital to handle the medical needs of the entire island. The hospital cannot even meet the needs of the current population. The hospital is usually full to capacity and has patients waiting for beds. The Compact of Free Association had compounded this problem.

GMHA is the only provider of emergency and acute care services for civilian residents on Guam. GMHA is required under the local law to treat all patients who come through its doors, regardless of their ability to pay or their medical condition. It has 158 acute care beds and manages 40 licensed long-term care beds at its Skilled Nursing Facility. The beds are usually full to capacity on an almost daily basis and have patients waiting for beds. The emergency room has only one trauma room to handle both adult and pediatric patients. This poses a problem for EMS and emergency room personnel when there are multiple traumas involved. GMHA will need larger facilities and additional staff for the impending military buildup.

GMHA plans to expand GMHA's emergency room by up to 4,000 square feet and add four to six beds to the intensive care unit by 2011. The hospital is also trying to get funding to expand to an acute care facility with 250 beds, which is projected to cost about \$100 million. (Pacific Daily News, 9/2/10). According to Peter John Camacho, GMHA Administrator, this involves building a separate women's and children wing, freeing up beds within the current hospital and allowing the hospital to renovate existing space to meet the needs for adult care beds. (See attachment Table 4) After losing its accreditation in 1983, GMHA was again fully accredited by the Joint Commission in July 2010 for 39 months.

Guam has been experiencing a chronic shortage of available ambulances to transport patients to the hospital. The shortage of ambulances on the island is due to the lack of funds to buy the needed parts to repair the broken ambulances or to buy new vehicles. Nine of fifteen ambulances were out for repairs because some of the vehicles were more than ten years old (Pacific Daily News, Aug 28, 2010). The island was down to three ambulances to service the entire island in May 2010. Another problem with the ambulances is the lack of age-appropriate equipment and supplies, particularly pediatric equipment and supplies. According to the EMS Administrator, at least 85% of all ambulances with GFD are lacking the equipment and supplies.

To address the numerous problems facing the island and to determine the priorities for the program, the MCH Program formed a task force consisting of government agencies, private entities, not-for-profit organizations and the military. The MCH Task Force includes members from the Anderson Air Force Base Family Division, the Bureau of Social Services Administration (BOSSA), the Bureau of Professional Support Services (BPSS), Guam Early Intervention Services (GEIS), Department of Youth Affairs (DYA), Guam Positive Parent Together (GPPT), Bureau of Family Health and Nursing Services (BFHNS), the Breastfeeding Coalition, Bureau of Communicable Diseases and Control (BCDC) Immunization Program, AIDS/HIV/STD Program, Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS), and Guam Early Hearing Detection and Intervention Project (GEHDI). The task force met and determined the top ten priorities for Guam for the next five years.

They took into consideration the current health of mothers and children and prioritized the list in order of importance:

- (1) To reduce the rate of pregnant women who receive no prenatal care (currently 6.3% as reported by GMHA 2009)
- (2) To reduce the rate of infant mortality and morbidity (currently 25.1% as reported by GMHA 2009)
- (3) To reduce the rate of children who are overweight (currently 11.9% as reported in the 2007 Youth Risk Behavior Survey (YRBS))
- (4) To decrease the percentage of women who use alcohol, tobacco, and drugs during pregnancy (currently 10.3% as reported by GMHA 2009)
- (5) To increase the number of clients availing MCH/CSHCN services for children 0-21 years and their families (currently 1,700 clients as reported by BFHNS 2009)
- (6) To decrease the rate of Chlamydia for teenagers and young adults aged 14-22 years (currently 17.3% as reported by BCDC 2009)
- (7) To increase the number of people accessing vital records information online within DPHSS (currently unable to access vital records information online - 2009)
- (8) To reduce the incidence of maltreatment of children younger than 18 years of age (currently 2.9% of 65,333 children as reported by BOSSA 2009)
- (9) To decrease the percentage of Guam high school students who have engaged in sexual intercourse (currently 47.6% as reported in the 2007 YRBS)
- (10) To reduce the adolescent death rate (there were 8 suicides in 2009 as reported by GMHA)

An attachment is included in this section.

B. Agency Capacity

The MCH Program is managed by BFHNS in DPHSS. BFHNS conducts women's health clinics, child health clinics, immunizations, CSHCN clinics, general public health nursing services, family planning services, and TB/STD clinics. The services provided in the women's health clinic include prenatal care, postpartum care, family planning services and home visits. The services provided in the child health clinics are well-baby checkups, annual physicals, screenings for the CSHCN program, and hearing testing and immunizations. For general public health nursing services, chronic health screenings are performed at outreaches and home visits. Family planning services include family planning clinics for adolescents, women in their child-bearing years, and male clients. The staff provide counseling services and contraceptives for the clients.

The MCH program collaborates with the various bureaus and programs within DPHSS. One of them is BPCS, which is responsible for the management of the two community health centers, the Northern Region Community Health Center (NRCHC) in Dededo and the Southern Region Community Health Center (SRCHC) in Inarajan. These centers provide comprehensive primary health care to the underserved, indigent and uninsured populations who are most in need of assistance and least able to find it. The MCH clinics and services that are provided at the community health centers include the Special Kids Clinic, the Child Health Immunization Clinic, Hemophilia Clinics, medical social services, pharmacy services, WIC services, chronic health program services, walk-in urgent care, and Medicaid Program services.

The target population include children 0-11 years old (including 0-11 years old with special health care needs); adolescents (including youths confined in a correctional facility); women of child bearing age with health risk factors; pregnant women including adolescents; the elderly (55 years and over); individuals staying in emergency or transitional shelters for the homeless; individuals living in substandard housing units; public health patients (i.e., patients with communicable, infectious, sexually transmitted, and chronic diseases); FSM and Marshallese citizens; and immigrants. Ambulatory medical needs of the target population are addressed at the centers.

The primary care and preventive services offered at the community health centers include prenatal and postpartum care, women's health (OB/GYN care), well-baby care, child health, immunizations, adolescent health, adult care, minor surgery and wound repair, TB tests, directly observed TB therapy, Early Periodic Screening and Diagnostic Testing (EPSDT) for children,

family planning services, cancer screening, communicable disease screening and treatment (HIV, TB, STD), and chronic disease care (hypertension, diabetes, heart disease). The support services offered consist of diagnostic laboratory services, pharmacy services, chest x-rays, vision screening, community outreach services, health education services, nutrition health services, case management, eligibility assistance, home visiting services, and translation services. The social services available at the community health centers are medical social services, SNAP, MIP, Medicaid and WIC.

Public Law 27-30 requires that all Medicaid and MIP recipients seek medical treatment at the community health centers first before going to the hospital or private clinic. This law was passed in order to reduce the costs associated with emergency room visits and to reduce the burden at the hospital. This law caused the NRCHC and SRCHC to be overwhelmed with patients. The community health centers cannot handle the increased load of patients.

There are not enough physicians, nurses and other medical providers to meet the demand. The pharmacy is always running out of supplies; the waiting time for patients to be seen is 2-3 hours long; patients are turned away when the maximum capacity is reached; and appointments are scheduled months in advance because of the shortage of staff. The health centers have a limited budget to run their facilities. The fees were increased a few years ago but it is still not enough to meet the needs of the island. There is a sliding fee scale at the health centers. If the patient is unable to pay, the fee is either reduced or waived completely. For every \$1.00 that is spent to care for patients, only \$0.65 is reimbursed. DPHSS has a difficult time recruiting physicians and nurses because of the low salaries and long hours. The facility at NRCHC was expanded two years ago to meet the growing needs of the population but due to the shortage of staff, some rooms are left unused. SRCHC is currently undergoing an expansion of its facility, which will be completed in October 2010. They will have the same problem in regards to the shortage of staff because of the recruitment issue.

The MCH program also collaborates with BCDC. The Immunization Program and the AIDS/HIV/STD Program within BCDC collaborate with BFHNS and the MCH Program on a regular basis. The Immunization Program provides the vaccines that are used to immunize the children seen in the various clinics and village outreaches, and the staff to process the patients. BFHNS provides the staff to manage the Child Health Clinic, the Family Health Clinic, the MD Child Health Clinic and the MCH Walk-in Clinic. The Immunization Program also provides in-services for vaccine updates, orientation training for new vaccines and protocols, and provides the funds for staff to attend national immunization trainings. Patients are offered immunizations twice a week at the Central Public Health facility, and village outreaches are usually held once a week in various locations around the island. Immunizations are held at health fairs 2-3 times a year at the shopping malls. When requested, the staff will also do outreaches for at risk populations like the homeless, senior citizens, children with special health care needs, day care providers, and teen organizations.

The MCH Program collaborates with the AIDS/HIV/STD Program, as well as the Family Planning Program, in promoting safe sex practices to prevent pregnancy and sexually transmitted diseases among teens and women who are of child-bearing age. They participate in trainings, health fairs and attend family planning conferences, as well as the annual AIDS Walk. The MCH staff participates in the DYA annual Youth-for-Youth Conference as a presenter on such topics as family planning, STD prevention, and common safe practices. The staff provides clinical services for STD clients and family planning services. The MCH staff is also involved in the TB program by providing skin tests, diagnostic services, treatment for positive and active contacts, and follow-up home visits.

BNS provides nutritional counseling and nutritional services. BFHNS have been partnering with BNS and its WIC Program by holding immunization outreaches at its WIC Clinic once a month. Free immunizations are offered exclusively to children under the WIC Program once a month at Central Public Health or at NRCHC. BNS collaborates with the MCH Program by providing breastfeeding training for the staff, who in turn educates WIC clients and other interested

mothers, on the importance and benefits of breastfeeding their children. The WIC staff also provides breastfeeding education to new mothers at GMHA. Follow up home visits are performed by MCH staff to review breastfeeding techniques and concepts. BFHNS co-chairs the Guam Breastfeeding Coalition, whose members include staff from GMHA, the Sagua Managu Birthing Center, the Guahan Project, private medical clinics, BPSS Medical Social Services, BOSSA Child Protective Services, and WIC Program.

The BNS manages the WIC Program. The MCH program collaborates with them by providing immunizations to the WIC clients, holding breast feeding classes for prenatal clients, and training to be breast feeding consultants to educate other providers. The MCH staff also hold chronic health screenings at the malls four times a year. Some of the services provided are body mass index measures (BMI), blood pressure screenings, glucose and cholesterol testing and counseling. They do chronic health screenings with different agencies like the Department of Public Works, Guam Airport Authority, Guam Power Authority, Guam Port Authority and the Governor's Office. They also partner with private and not-for-profit organizations by holding health screening during 5K fun/run activities, employee health days and company health fairs. The MSS staff within BPSS collaborates with the MCH Program by processing clients at Central Public Health and at the community health centers to determine if they are eligible for MCH services. They also assist in the Early Prenatal Care classes, the breastfeeding classes, the parenting classes, the monthly Special Kids Clinic, the Shriners Hospital Outreach clinics, the Hemophilia Clinic, and CSHCN clinics. They are involved in providing AIDS/HIV services, joint home visits, child protective services, and family planning services. They also hold clinics for MCH clients to determine whether they are pregnant or not. If they are pregnant, the women are then referred to a primary care provider to receive early prenatal care.

The programs under the BPSS are MSS, Health Education, Tobacco Control and Prevention, Hemophilia Program, Homebound and Chronic Program, Breast and Cervical Cancer Early Detection Program and Chronic Disease Prevention and Control Program. The MCH staff collaborates with the MSS staff by organizing and conducting the Special Kids Clinic once a month at the NRCHC. They hold monthly clinics with the hemophilia families by providing health screenings and immunizations. The staff makes sure that the immunization records are up-to-date and provide injury prevention counseling. Twice a year, the MCH and MSS staffs hold special clinics for orthopedic patients. These clinics are conducted by the medical staff from Shriners Hospital for Children Hawaii. The medical staff does consultations, take x-rays, and give referrals for off-island treatment. The MSS staff is responsible for determining eligibility for the MCH program and other public assistance programs. The MSS staff maintains a patient registry for the Hemophilia Program and the Shriners Hospitals as well. With the Tobacco Program, the MCH staff are trained to be tobacco cessation educators. They are now certified to counsel and educate clients on the dangers of tobacco use. As part of the medical record, patients are asked about their tobacco history use.

The nurses with the CSHCN Program partner with the social workers from the Homebound/Chronic Care Program. They conduct joint home visits to families that receive services from these two programs. The nursing staff do follow up visits with the patients; doing health screenings and determining if social services are needed.

The Dental Program provides free basic dental care to children under 17 years old who meet the income guidelines set forth by DPHSS or are under public assistance programs (Medicaid, MIP, WIC, SNAP, and Head Start) and do not have dental insurance. Basic dental care includes exams, prophylaxis, x-rays, sealants, fluoride, restorations, and extractions. The Dental Program partners with the MCH Program by providing fluoride varnish to children seen at the immunization clinics and outreaches. The Guam Fluoride Varnish Program is for children under six years old who are enrolled in the Head Start Program, attend daycares, receive immunizations at the medical clinics and village outreaches, and those seen in the dental clinic. Dental services are also offered to clients in the CSHCN Program and Hemophilia Program.

EMS is responsible for promoting the establishment and maintenance of an effective system of

emergency medical services, including the necessary equipment, personnel and facilities to insure that all emergency patients receive prompt and adequate medical care throughout the range of emergency conditions encountered. EMS and the MCH Program are community partners in promoting awareness on emergency medical care to women and children throughout the island. The MCH Program Director is a member of the EMS Commission as a nursing representative. They collaborate by promoting child safety education around the island. The other members of the commission include staff from GFD, Federal Fire Department, GPD, GMHA, Parent Educational Resource Center, the Guam Community College and pediatric medical offices, as well as a parent from the CSHCN Program. The MCH Program collaborates with EMS by being an advocate for pediatric injury prevention programs such as bicycle safety and playground safety. In 2006, the EMS Commission approved the addition of the EMS for Children Subcommittee within the Commission to review and revise existing EMS Protocols to include pediatric basic life support and advanced life support protocols. The commission is also working to address some emergency medical related issues such as bus emergencies with pediatric injuries.

The Office of Vital Statistics (OVS) is responsible for issuing birth certificates, death certificates, marriage licenses, and marriage certificates. They are responsible for reporting vital statistical data in DPHSS. Some of the pertinent data they need to report are number of births, deaths, marriages, and divorces. Births can be further broken down to teen births, ethnic groups, marital status, etc. Deaths can be grouped by sex, age, place, race and cause. Marriages can be separated by age and race of bride and groom, education, and the number of times the couple have been married before. Divorces can be reported by the age of the couple, educational background, and residence. Because of a shortage of staff and the lack of equipment to do electronic reporting, OVS has not been able to publish a statistical report since 1997.

In October 2010, OVS will finally be able to issue birth, death and marriage certificates as well as marriage licenses electronically. New computer hardware and software will be installed. OVS will be using two programs, the State and Territorial Electronic Vital Event System (STEVE) and the Electronic Verification of Vital Events Nationwide System (EVVE). With STEVE, birth and death records can be copied electronically and paper certificates be printed, certified and issued immediately. This will minimize the wait time for customers as well as allow staff to do other duties besides issue certificates. This will allow the staff to retrieve pertinent data for their reports, as well as provide data for other programs in the departments. Most of the federal grants require some type of data dealing with vital statistics. EVVE will allow other local and federal government agencies, like the Social Security Administration or the U.S. Passport Office, remote access to the system to verify birthdates, decreasing the wait time for their customers as well. The system will also generate money for the department because a fee is charged for using the system.

The DPHSS Division of Public Welfare is the State Office of the SNAP Program, Medicaid Program, the SCHIP Program, MIP Program, CPS, Foster Care, and JOBS Program. A majority of the MCH clients are eligible for these programs because of their low income. DPHSS DPW collaborates with the MCH Program by making MCH clients aware of the various public assistance programs available to them and to assisting them in obtaining these services. BES determines if the MCH clients are eligible for the SNAP Program. BHCFA determines the eligibility for the Medicaid, SCHIP or MIP programs. BOSSA provides child protective services and foster care. The Works Section provides information on the JOBS Program.

The SNAP Program helps people with low incomes and resources buy the food they need for good health. The Medicaid Program is national public health coverage for low-income individuals, financing health and long term care services for families, people with disabilities, and the elderly. Eligibility is based on a number of factors like age, income, resources, citizenship, or if pregnant, blind, disabled, or aged. The SCHIP Program is a federal program that provides matching funds to states for health insurance to families with children. The program was designed with the intent to cover uninsured children in families with incomes that are modest but

too high to qualify for Medicaid.

The MIP Program is a 100% locally funded program that was established in 1983 to provide financial assistance with health care cost to individuals who meet the necessary income, resource and residency requirements. Some of the eligibility requirements include (1) must be a Guam resident for at least six months, (2) not eligible for Medicaid or Medicare, (3) a child in foster care, age 18 years and below, and (4) eligible to receive temporary emergency medical or other special care.

BOSSA is responsible for child protective services and foster care. They handle child abuse cases, offer emergency shelters for children who are removed from their parents and provide foster care. They are also tasked to inspect day cares around the island. BOSSA collaborates with the MCH Program to prevent child abuse and to promote early childhood mental health wellness. They participate in health fairs, attend child safety training, child abuse training and investigate child abuse cases. The Works Program oversees the JOBS Program, GETP Program, CCA Program and TCCS Program. The JOBS Program is designed to enhance welfare-receiving parents' job skills and opportunities. MCH clients are able to get on-the-job training to obtain the necessary skills to gain employment and to get off public assistance.

There were a number of new legislation that were passed into law this past year that impacted the MCH population:

- (1) Public Law 27-30 (known as the "MIP Law") requires Medicaid and MIP recipients seek medical treatment at the community health centers first before going to the hospital or private clinic. This law was passed in order to reduce the costs associated with emergency room visits and to reduce the burden at the hospital.
- (2) Public Law 30-175 allows DPHSS, GMHA, the Department of Administration (DOA), the Department of Mental Health and Substance Abuse (DMHSA) and the Department of Education (DOE) to purchase drugs directly from the manufacturer instead of going through a wholesale company. This reduces cost and time. The patients will be able to get their prescriptions quicker and at cheaper prices.
- (3) Public Law 30-166 provides GMHA with a secured funding source for the purpose of reducing outstanding debt service payments, thereby providing relief in GMHA's borrowing ability and support in its operations.
- (4) Public Law 30-163 prohibits the importation and sale of ingestible tobacco film strips, ingestible tobacco sticks, tobacco hard candies, nicotine lollipops, nicotine lip balm, and nicotine water. This law prevents these tobacco products from reaching consumers under the age of 18 years, to whom they are most aggressively marketed to. It will reduce tobacco-related health care costs.
- (5) Public Law 30-156 increases the minimum legal drinking age to 21 years old. This will help prevent alcohol-related deaths and injuries among the youth.
- (6) Public Law 30-155 increases the penalty for violating the hours of sale provision of the alcoholic beverage control law. The first offense would be \$1,500 and for subsequent offenses, \$2,500, \$3,500, and up to \$10,000. The driver's license would be suspended for not less than 30 days and no more than 90 days for the second offense and revoked for the third offense. This would decrease the opportunity for underage drinking and decrease the opportunity for people to drink and drive.
- (7) Public Law 30-138 ("Environmental Public Health Modernization and Revitalization Act of 2010") creates new positions, called Environmental Public Health Officers, within DEH, to modernize the division's professional-technical personnel and revitalize their functions by addressing qualifications, shortages, recruitment and retention. This would increase the number of sanitation inspections of schools, cafeterias, restaurants and daycares. This will provide a safer environment for the children.
- (8) Public Law 30-106/30-108 establishes a revolving fund for the community health centers in which the money they collect for their services would be deposited into a special bank account for the exclusive use by the community health centers only. The money would be used to pay for contractual services, supplies, and other expenses incurred by the community health centers.

This would ensure that services are not interrupted and patients will get the medical care they need.

(9) Public Law 30-80 raises tobacco taxes thus reducing tobacco use and tobacco-related health care costs. This would make it more difficult for minors to start smoking. A portion of the taxes would then be put into the Guam Cancer Trust Fund which would be used to support cancer screenings, treatment, and support services. Another portion would be put into the Healthy Futures Fund, a funding source for GMHA, DPHSS, and DMHSA to help pay for health related services.

(10) Public Law 30-65 establishes "alcohol free zone" in beaches and parks for purposes of public safety, to deter criminal activity, litter and loitering, and to promote a wholesome environment for families to go to. This law will discourage underage drinking and will give children the opportunity to run and play without parents worrying about their safety.

(11) Public Law 30-63 prohibits smoking within 20 feet of an entrance or exit of a public place where smoking is prohibited. This law applies to bus stops, bus shelters and any facility provided for students waiting for bus transportation to and from school.

(12) Public Law 30-41 provides necessary funding for the balance of the fiscal year to critical youth support programs, to include DMHSA Youth Drug and Alcohol programs and the programs for youths who are runaways, homeless or victims of abuse.

(13) Public Law 30-33 requires the use of appropriate passenger restraining devices for all occupants within a car, van or pickup truck, and to clarify and establish certain restrictions for passengers in the bed of a pickup truck. Children under 4 years old are required to be in a child passenger restraint system and children between 4 and 11 years old and below 57 inches are required to be in a booster seat. Children under 12 years old are not allowed in the bed of a pickup truck. This law protects children from severe head injuries in case of car accidents.

(14) Public Law 30-26 combats human trafficking on Guam and to protects victims of human trafficking. Protects women and children, who are usually the targets for human trafficking, from being subjected to exploitation through labor trafficking and commercial sex trafficking.

(15) Public Law 30-16 strengthens child support regulations. Ensures that children have the financial assistance they need to meet their basic needs like food, shelter and clothing.

C. Organizational Structure

C. Organizational Structure

DPHSS is headed by the Director and Deputy Director. There are five divisions within the department: the Division of Public Health (DPH), the Division of Environmental Health (DEH), Division of Senior Citizens (DSC), Division of Public Welfare (DPW) and the General Administration and Management Support Services. (see Attachment)

The Division of Public Health is overseen by the Chief Public Health Officer in the Chief Public Health Office. DPH includes the (1) Dental Program, (2) Health Professional Licensing Office, (3) Office of Emergency Medical Services, (4) Office of Epidemiology and Research, (5) Office of Planning and Evaluation, (6) Office of Vital Statistics, (7) Bureau of Communicable Disease and Control (BCDC), (8) Bureau of Family Health and Nursing Services (BFHNS), (9) Bureau of Nutrition Services (BNS), (10) Bureau of Professional Support Services (BPSS), and the Bureau of Primary Care Services (BPCS). The MCH and CSHCN programs are managed by the BFHNS Administrator.

An attachment is included in this section.

D. Other MCH Capacity

The BFHNS staff include one nursing administrator, 10 full-time registered nurses (RN) and one part-time RN, two licensed practical nurses (LPN), four nurse aides (NA), two program

coordinators (PC) and one administrative assistant (AA). All the staff are involved in providing services to MCH Clients. The MCH Program partially funds two RNs, one LPN, one NA, one PC, and one AA. The program also partially funds one social worker and one pharmacy technician from BPSS, and one NA and one medical records clerk from BPCS. All the staff are located in Central Public Health in Mangilao except for the social worker and the two staff from BPCS who are at the NRCHC in Dededo. (See Attachment for Table 6, 7, 8)

An attachment is included in this section.

E. State Agency Coordination

The MCH program collaborates with a number of partners in both government and private sectors. These include not-for-profit organizations, medical clinics, and the military.

The Department of Education has several programs involved with MCH:

- Guam Early Intervention System (GEIS) provides diagnostic services as well as family support and intervention services for children who have or are at risk of having developmental delays and disabilities. The MCH Program refers patients and GEIS refers patients to the CSHCN Program. GEIS are partners in Project Karinu and Project Bisita.
- Head Start Program is a national program that provides comprehensive child development services to economically disadvantaged children, ages 3 to 5 years, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. The Program provides information to parents about their program at immunization outreaches refers patients to CSHCN and is a partner in DPHSS Project Karinu.
- Parent Information and Resource Center (PIRC) help implement successful and effective parental involvement policies, programs, and activities that lead to improvements in student academic achievement and that strengthen partnerships among parents, teachers, principals, administrators, and other school personnel in meeting the education needs of children. They are partners in Project Karinu and Project Bisita.
- Division of Special Education is committed to supporting all exceptional children and youth lead rich, active lives by participating as full members of their school and community. These include both children with disabilities and those who are gifted and talented. They refer patients to CSHCN, counsel parents of special needs children and are involved in Project Karinu.

The Department of Public Works (DPW) Office of Highway Safety and the Guam Police Department (GPD) Division of Traffic Safety are involved in the Child Passenger Safety Program. The Department of Youth Affairs (DYA) is committed to juvenile delinquency prevention, treatment and aftercare. They sponsor the Youth for Youth Conference held every year in which the MCH staff are participants of by being one of the presenters on health issues. The MCH staff educates the DYA staff on various adolescent health issues, who in turn educate their clients. The MCH staff holds special immunization clinics for DYA clients. DYA are partners in Project Karinu.

Guam Fire Department (GFD) collaborates with the MCH Program by promoting awareness on child passenger safety through staff training, public education and car seat inspections. They participate in disaster drills and exercises. They also help develop the pediatric emergency protocols. GFD also collaborates with CSHCN in the Special Needs Identification Program (SNIP). The Guam Housing and Urban Renewal Authority (GHURA) help find homes for the homeless population and refer their clients to DPHSS for services.

The staff of GMHA's Labor and Delivery Ward, OB Ward, and Nursery are involved in testing newborn hearing, postpartum newborn referrals, making sure that child passenger car seats are properly placed before newborns are discharged from the hospital, collecting data for the MCH Program, are members of the breastfeeding coalition and are partners in Project Karinu.

The University Of Guam (UOG) has several projects with the MCH Program:

- Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS) are partners with individuals with disabilities and their families, agencies, organizations, and service providers to create pathways that enhance, improve, and support the quality of life of individuals with developmental disabilities and their families.
- Guam Early Hearing Detection and Intervention Project (GEHDI) established in 2002 to create the Guam's Newborn Hearing Screening and Intervention Program. The overall goal of the Project is to ensure all babies born on Guam receive the following: (1) hearing screening before discharge from the hospital or birthing site, (2) diagnostic audio logical evaluation before 3 months of age; and (3) early intervention services before 6 months of age. They screen newborn hearing and train nurses on how to screen newborns. The MCH staff is on their advisory board. They participate in health fairs.
- Project I Famagu'on-ta (Our Children) established to develop a system of care for children-adolescents with severe emotional disturbances and complex mental health needs and their families. They are partners in Project Karinu and Project Bisita.
- Project Tinituhon (The Beginning) is an Early Childhood Comprehensive System (ECCS) that supports families and the community of Guam in developing young children who are healthy and ready to learn at school entry. They are part of the Early Learning Council Advisory Board. They provide access to care and a medical home.
- The School of Nursing and BFHNS collaborate by having the nurses' preceptor for the nursing students. The BFHNS nursing staff supervises the nursing students' practicums. The military is also involved in the MCH Program. Representatives from the Anderson Air Force Base Family Health Services and the US Naval Hospital serve as liaisons in various coalitions. They are partners in Project Karinu.

Not-for -profit organizations are also involved in the MCH Program:

- Autism Community Together (ACT) educates parents, professionals, and the public about autism and its effects. The MCH staff participates in the autism fair. ACT is a partner in Project Karinu.
- Catholic Social Services (CSS) serves the poor, the elderly and disadvantaged families and individuals for the entire island Guam. Programs include foster care residential services for children up to 17 years old; emergency protective care for women and children who are victims of family violence; homeless shelter for individuals and families, and residential care and support services for children with significant disabilities ages 5-17 years old. They refer the homeless to DPHSS to apply for public assistance and to obtain medical care. They are a member of the homeless coalition.
- Guam Positive Parents Together (GPPT) educates the public on the various services available for children with special health care needs. They are partners with various parent support groups.
- Guam Developmental Disabilities Council advocates for people with developmental disabilities.
- Guahan Project educates the public about AIDS.
- Island Wide Breastfeeding Coalition promotes breastfeeding for newborns.
- Sanctuary, Inc offers temporary safe refuge for troubled teens ages 12 to 17 years old.

Several pediatric medical offices that provide services to MCH clients give referrals to obtain services at DPHSS. They include the FHP Medical Center, the Polymedic Clinic, and the Tumon Medical Office.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently awarded DPHSS a six-year grant called Project Karinu. The project will develop, implement, and sustain a system of care that promotes young children's mental health, prevents disruption in young children's social and emotional development, and provides direct intervention for young children and their families. The MCH Program will play an important role in managing the grant by being involved in the recruitment of the providers, training, screening, and referral process.

The MCH Program is also involved in another grant called Project Bisita I Familia (Visiting Our

Families). This is from the Affordable Care Act in collaboration with the Maternal and Child Health Bureau. Project Bisita established to assist mothers of children under eight years old to develop healthy minds, spirits, and well-being with the help of home visiting practices in the area of early childhood.

F. Health Systems Capacity Indicators

Introduction

The Health Systems Capacity Indicators are used as a monitoring and assessment tool. They are used to measure the effectiveness in maintaining or improving the overall health of the population including pregnant women, infants, children, children with special health care needs and adolescents, and women of childbearing age.

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	95.8	116.6	148.0	161.7	434.2
Numerator	159	188	236	252	694
Denominator	16590	16122	15942	15589	15983
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Numerator was obtained from Guam Memorial Hospital and is final. However, the denominator indicated is provisional due to state estimates show 0 - 4 age group and unable to determine of the total 16,969 which is 5 years old. That total covers age group 5 - 9.

Notes - 2008

The data presented is an estimated amount of children within the less than five years of age on Guam.

The number of children hospitalized for asthma were obtained by Guam Memorial Hospital Authority (GMHA).

Notes - 2007

The data presented is children aged 0 through age 9.

Narrative:

The data presented for 2009 was submitted by the GMHA and the data showed a marked increase in discharges of children less than 6 years of age with a diagnosis of Asthma of 694, and in 2008 there was 252 children affected. This data is also identifying that this is a Public Health crisis and it needs to be addressed and followed. Both the hospital nursing staff and physicians need to educate on the prevention of asthma attacks and being aware of potential allergen's in the environment

This year of 2009 was also difficult with children with asthma and upper respiratory problems, because of the Swine Flu or H1N1 virus affected the respiratory system. If you have a History of Asthma, you were not eligible to take the H1N1 nasal spray. Therefore, when the virus affected

infants and pregnant women more often, they had a hard time if they had a history of Asthma. The children and adults with a history of Asthma were at-risk for other respiratory illness or distress (like pneumonia).

Due to the H1N1 outbreak, the DPHSS was the lead for the Emergency Event that the department was in full collaborations with GMH and other private clinics to provide preventative and acute care, but most of all promote cough precautions, hand washing and good hygiene practices. The BFHNS/MCH program was monitoring if there was increase in MCH clients (women and children) in the clinics and at the hospital. The AMCHP announcements were also available to the BFHNS MCH staff to keep us inform on the H1N1 update and important Medical Advisories.

The Community Health Centers and Central Public Health Clinic were some of our MCH client's Medical Homes to some of our asthmatic children that our Pediatricians were able to teach about Smoke Free Home environment and Personal Protective Hygiene practices to the clients and parents. The Early Prenatal Care Classes (EPCC) emphasizes that also another precaution or preventative practice to avoid to infants with a history of asthma is that smoking can lead to newborns to be at risk for Sudden Infant Deaths Syndrome (SIDS).

Another issue with children with Asthma is if these children without health insurance or lack access to primary care providers that they can manage asthma treatment but are at risk to increase probability to unnecessary hospitalizations. Under insured and under insured asthmatic children are at greater risk of needing asthma primary care access and medication therapy. The parents with children with Asthma tend to lack health insurance and do not have enough money to afford the drug therapy. During an asthma attack, the parents bring their child to the Community Centers to treat the asthma. The Community Center refers the child to GMH emergency room and end up admitted for asthma.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	10.9	4.9	2.5	1.1	45.5
Numerator	233	53	30	31	1289
Denominator	2142	1072	1212	2783	2834
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final

Notes - 2009

The data presented is from the DPHSS, Division of Public Welfare, Bureau of Health Care Financing Administration, Medicaid and Medically Indigent Program (MIP). 4th Quarter FY09 Demographics Report.

Notes - 2008

The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office is not final.

Narrative:

In 2009, a marked increase in eligible clients for Medicaid compared to 2008 data. The 2007 data collection is unknown, but the 2008 and 2009 data are from the State Office of the Medicaid Office within the Division of Public Welfare is the Bureau of Health Care Financing Administration, which handles the Medicaid Program and Medical Indigent Program. This data presented is the true source of accurate and correct data.

Guam's Medicaid program oversees the EPSDT program, in which the Early Periodic Screening Diagnostic and Treatment (EPSDT) program, which provides well child and comprehensive pediatric care for children and adolescents through age 20. In 2009, 2,834 children less than one year of age were eligible for EPDST, and 1,289 infants were able to receive at least one initial periodic screening.

This 2009 data from the DPHSS Bureau of Health Care Financing Administration had just changed their Medicaid Program Computer System and the MCH program was able to get an accurate number of infant less than one year who were able to receive at least one EPSDT services. The total eligible that received at least one initial or periodic screen was 1,289. The BPCS Community Health Centers were able to see about 483 with the EPSDT periodic screening.

The data presented in 2009 are not similar to 2008 on the total eligible that should have received at least one initial or periodic screen was 2,834.

The Military Build-up will increase the population of Guam to approximately about 15,000. Due to economical challenges for employment, Medicaid clients may increase.

Another population at-risk is the Homeless population may continue to increase due to economically stressed system the caseloads are increasing but the amount of staff is decreasing and they get overwhelmed with al the increase caseloads.

The BFHNS staff continue to educating our clients at health fairs, immunization outreaches, health screenings, and home visiting activities that helps to educate clients about the importance of well child care and immunizations is provided to all client encounters as needed.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	2.5	1.1	45.5
Numerator	0	0	30	31	1289
Denominator	1	1	1212	2783	2834
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes		

Is the Data Provisional or Final?				Provisional	Final
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Notes - 2009

The data presented is from the DPHSS, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Administration, Medicaid and Medically Indigent Program (MIP).

Notes - 2008

The data presented is from the Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Notes - 2007

The SCHIP benefits became available to Guam in 1998. This program allows States and territories to choose from three different options when creating a plan to cover under-served children. These are: establishing a new children's health insurance program, expanding current Medicaid programs, or a combination of both strategies. Currently, Guam is using its allotment to expand Medicaid eligibility.

Information for HSCI was obtained from Medicaid form HCFA 416 the Annual EPSDT Participation Report. Based on the data provided, it seem that most individuals enrolled are receiving some periodic screening. However, the consistency and quality of the screening and the thoroughness of referrals, follow-up and treatment are areas of concern. A number of programs (MCH, WIC, Early Intervention, etc.) work to assure that all infants, including those on Medicaid receive comprehensive screening and referrals.

Narrative:

The SCHIP and Medicaid Program work hand in hand with each other to support the undeserved children in Guam and the MCH program will continue to work with the Division of Public Welfare's program, the Medicaid and SCHIP program. Upcoming meetings scheduled with the division of Public Welfare and their administrators, to plan more activities to promote the services of the DPHSS who are eligible for our programs and discuss issues related to our MCH clients or services that may become a problem in the future. The MCH program has made an objective for next year is to meet at least once a year to discuss the upcoming data needed for the MCH grant and discuss Medicaid Program updates and problems.

The BFHNS have began networking more closely with the Division of Public Welfare (DPW), the MCH program and the DPW will schedule in-service sessions; to present a brief summary of all the programs within the DPW and BFHNS will be prepared to get a basic understanding of DPW programs and requirements. Therefore, the BFHNS staff will have a better understanding of the services, benefits, requirements, and other programs that have be available to the community of Guam.

The Bureau of Primary Care Services has been seeing both Medicaid and MIP clients at both Community Health Centers. In 2009, there were 3,692 infants < 1 year old, and the Community Health Centers saw 483 infants were obtaining EPSDT.

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	

Numerator	0	0	0	4	
Denominator	37497	37848	38178	30932	38829
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Data was enter because at the beginning of 2007 MCH Annual Report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Also due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not available at this time. One staff was hired recently and two new programs STEVE and EVE will be installed and implemented by January 2011.

An estimated amount of amount of 15 - 44 years women for 2009 qre 38,829.

Notes - 2008

No data was enter because at the beginning of 2007 MCH Annual Report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Also due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not available at this time. One staff was hired recently and detailed staff from different areas are assisting the Vital Statistics at this time.

An estimated amount of amount of 15 - 44 years women with live births at GMHA in 2008 were 2,207

Notes - 2007

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Narrative:

The best thing for an unborn baby is for the mother to receive early prenatal care to have a successful pregnancy outcome. Attending scheduled prenatal visits will allow the clinician to provide necessary screening tests, monitoring of blood pressure, weight, and address any abnormalities. Prenatal health counseling and education may prevent problems and complications. The DPHSS MCH program provides these very important and essential services to the MCH population at all the Public Health centers and Community Health Centers.

The WHO standard recommends that pregnant clients should have at least four prenatal care visits.

Barriers to attending OB clinic visits are inaccessibility into clinics, transportation problems, cost and clients not seeing continued prenatal care as a priority. Nevertheless, the Guam MCH

program does not apply this index to our MCH clinic and the providers to follow specific protocols and US women's health standards. The data for this measure is none because the Guam MCH program providers do not apply the Kotelchuck Index.

Continued prenatal care is a key factor in a health pregnancy outcome. Attending scheduled prenatal visits will allow the clinician to provide necessary screening tests, monitoring of blood pressure, weight, and address any abnormalities. Prenatal health counseling and education may prevent problems and complications.

The WHO standard recommends that pregnant clients should have at least four prenatal care visits.

Barriers to attending OB clinic visits are, inaccessibility into clinics, transportation problems, cost and

The BPCS provide prenatal care in both Northern and Southern Community Health Centers with two OBGYN physicians, two Family Practice physicians, one Nurse Midwife, and one Nurse Practitioner. Together they see both MCH clients and other insurance clients. There were 756 clinics and 5,895 clients who received prenatal care.

The BFHNS Central Community Health Center was also available to see the MCH clients for early prenatal care. The CRHC saw 2,669 clients, with three Nurse Practitioners that provide prenatal care, child health care, family planning care, STD care, and adolescent health care. The pregnant women also get teaching with smoking cessation, nutritional counseling, birth control and HIV testing and education.

The BFHNS coordinated the Annual Healthy Mother's Healthy Babies Fair held on December 18, 2009 at Agana Shopping Center, on a Friday morning from 10am to 2pm. Many programs and agencies participated; Child Protective Agency, the Head Start Program, the Parent Informational Resource Center, private OB/GYN clinics, the Immunization program, the Highway Safety Program and Child Protective Services were just a few of the participates.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	22092
Denominator	1	1	1	1	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

The 2009 data needed on this area the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Administrator stated that Guam Medicaid does not accept or process presumptive cases.

Notes - 2008

The data needed on this area the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Administrator stated that Guam Medicaid does not accept or process presumptive cases..

Narrative:

Guam is eligible for Medicare, Medicaid and other federal support for public health. Medicaid benefits are capped at 13,720,000 million for Regular Medicaid and 4,116,000 million for ARRA Medicaid program. In addition, the Government of Guam has a locally funded health insurance program for clients that are qualified for the program called the Medically Indigent Program (MIP).

The Medicaid program does not offer clients potentially Medicaid eligible children who have received a service paid by the Medicaid Program. The only children that the Medicaid Program pays for service paid are the children who enrolled and qualify for the Medicaid program.

Therefore, the data present is there are 22092 who are in the Guam Medicaid Program for 2009 but there are no children who are Medicaid-eligible children who have received a service paid by the Medicaid Program for 2009.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	4.0	30.6	19.4	15.9	15.1
Numerator	164	587	716	532	692
Denominator	4133	1918	3692	3341	4576
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final

Notes - 2009

The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office. They state 601 are total number of EPSDT eligible children with Medicaid aged 6-9 years.

Notes - 2008

The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office. They state 532 are total number of EPSDT eligible children with Medicaid aged 6-9 years.

Narrative:

The data present on how many 6 to 9 year olds were able to receive dental services during 2009. There were 692 six to nine years of age that were able to receive dental care out of the 4,576 children eligible from the EPSDT program. From 2008 to 2009 data, it showed that we are still in the 15% of the population getting dental care. It identifies that we as a department, bureau, and health professionals need to promote this children to obtain this services to enhance their dental care. In addition, in this time, the children are receiving their permanent teeth and dental checkup

is critical for this developmental age. The MCH program needs to promote Dental Awareness to all our children and families during our clinics and outreaches and continue to work with the Dental Program.

The Dental Program with the Division of Public Health at the DPHSS is only Public Health Dental clinic housed at Mangilao Central Regional Health Centers, and they only open Monday to Fridays from 8:00am to 5:00pm. The Dental Services only see children 4 years of age to 16 years of age with no insurance and only provides preventative care and case-by-case acute treatment, refers these children to private dental offices if they have Medicaid or MIP insurances. The Dental Services dentist and staff provide examination, x-rays, diagnosis, cleaning; do Fluoride varnish treatments and other oral care. For about 2 years, the Dental has not offered or done any Sealant services. However, our Title V MCH Program and the Dental program provide dental health education on fluoride varnish treatments to preschools, elementary schools and community groups during the BFHNS Immunization Outreaches.

The CRCHC and SRCHC both offer and do Fluoride Varnish Program during their well-child checkups. The nursing staff and physicians trained and given supplies (toothbrushes and toothpastes) for the children who received the fluoride treatment. This early 2010, the Community Health Centers gathered the CEDDERS form the University of Guam, the Head start Program, the MCH program, and BPSS staff to hold a Dental Conference and training on a special dental outreach services. They had two dentists from the Pacific Islands to come out to Guam to educate the Dental/Health professional staff on these new services to prevent carriers with children. The class was able to go to at-risk area and provide these services as a community outreach from the Dental community. The BFHNS and BPCS nursing were able to participate with the conference and outreach.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0		
Numerator	0	0	0		
Denominator	1	1	1		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

The Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office, does not collect this data at this moment.

Notes - 2008

State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

The Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office, does not collect this data at this moment.

Narrative:

Presently Guam has limited Rehabilitative services offered to the Children with Special Health Care Needs but if it is needed and medical referrals arranged, the children with Medicaid insurance may be qualified to receive those services. The data is less then events so there is no data to report for 2009.

In 2009 out of the 623 children seen at the Shriner's outreach clinic at the DPHSS, 254 (41%) children were under the Medicaid Program, 42 (7%) had MIP insurance and 74 (12%) children no insurance during these clinics.

The eligibility to the Medicaid program was determined at 100% of the federal poverty level. For 2009, the total Medicaid eligible client was 30,928. Sixty-seven percent (67%) or 20,679 are clients under the age of 18 years old. The Northern and Southern Regional Community Health Center provided medical services to 16,229 (78%) clients less than 18 years of age. Provided with acute care is early periodic screening diagnostic and treatment (EPSDT). Clients going for EPSDT are required to get an authorization from the Bureau of Health Care Financing to determine their state periodicity schedule depending on their age bracket.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of low birth weight (< 2,500 grams)	2009	payment source from birth certificate			0

Notes - 2011

The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office. Due to the Office of Vital Statistics not able to input data from the Birth Certification since 2006, we are not able to obtain the data for low birth rate of infants under the Medicaid. Guam Memorial Hospital (GMHA) does not collect that certain data. GMHA did a unofficial report of 59 infants were <2,500 grams but not data if they under if their mother was under Medicaid Program, also the mother needs to enroll infant usually after birth with an official birth certificate and Social Security Number.

Narrative:

Guam residents are eligible for Medicare, Medicaid and other federal support for public health assistance. The Medicaid benefits capped at \$17,355 million; the Government of Guam also has a locally funded medical health insurance program for other clients who are not eligible for

The Government of Guam also participates in the federally supported program, State Children Health Insurance Program (SCHIP). The SCHIP on Guam is an expansion of the Medicaid Program that provides medical and health related services to qualified children less than 19 years of age. The ratio is 50:50 federal-local funded programs, where the Federal pays for 50% of the fund and the Government of Guam pays 50% of the fund. The current cap on MAP is \$13,720,000 is Regular Medicaid, and 4,116,000 are the ARRA Medicaid funds. 7.355 million

The Community Health Centers have seen from clients with no insurance to clients who have private insurances. In FY 2009 Annual Report from the NRCHC saw 5,319 and SRCHC saw 2,879 children from 0-19 years of age, with a total encounters of NRCHC and SRCHC seen were 8,198 children 0-19 years of age. The Community Health Centers in 2009 saw 16,229 with Medicaid insurance and 10,278 encounters with MIP insurance and then saw 1,897 encounters with no insurances.

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Infant deaths per 1,000 live births	2009	other			0

The data presented is stated from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Narrative:

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Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2009	payment source from birth certificate			0

Notes - 2011

The data stated is from the GPHSS, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Due to the Office of Vital Statistics not able to input data from the Birth Certification since 2006, we are not able to obtain the Official data for infants born to pregnant women receiving prenatal care beginning in the first trimester under the Medicaid. But one of the staff at BFHNS was able to hand count this data but was not able to collect if the women is under the Medicaid program. The number of infants born to pregnant women receiving prenatal care beginning in the first trimester in 2009 was 2,543 women.

Narrative:

The Medicaid program had 16,688 women participates who were enrolled in 2009, and the MIP program had 6,907 women also participates who were also enrolled in 2009. The women who were pregnant were eligible to receive early prenatal care at all the Public Health and Community Health Centers on Guam. The centers were located in three different areas in Guam (Northern, Southern, and Central). Access to care in the Public Health System was accessible and MCH services were available with providers.

Northern and Southern Community Health Center, and Central Public Health clinic had 7,039 (5,515 at Community Health Centers, and 1,524 at Central Public Health) prenatal clinic visits. The Northern and Southern Community Health Centers provide daily women's health care clinic and staffed with two part-time OB physicians, a Family Practice MD, a midwife, and a nurse practitioner. The Community Health Centers provided services for all patients, insurance and no insurance. In addition, they are the main providers for MIP/MAP and MCH patients.

The Central Public Health provides six Women's Health Clinics per week, and staffed by one nurse practitioner, 1 part-time nurse practitioner, and a clinic supervisor that provides a clinic per week. They provide services for low-risk MCH, and no health insurance clients.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL

MCH populations in the State					
Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2009	payment source from birth certificate			0

Notes - 2011

The data stated from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office that this data is not collected at all. Also the DPHSS Office of Vital Statistics does not also collect this data..

Narrative:

The Department of Public Health has three Health Centers that provide staff to be actively promoting Early Prenatal Care to women that they meet at the hospital, clinics, home visits, community outreaches, case findings, referrals and village-base clinics. They guide these women seeking early prenatal to schedule their appointments and emphasis to them the importance to keeping those appointments. The DPHSS has seen an increase in clients in the clinics and we assure these clients they will be seen so do not miss any appointments. Their health and their babies in the utmost importance to the MCH program staff and providers.

The BFHNS and Medical Social Workers continue to collaborate in offering Early Prenatal Counseling Classes (EPCC) twice a month. These classes provide education on various health topics for pregnancy, nutrition, stages of pregnancy, exercise, danger signs, alcohol/drug abuse and childcare. This year we had 300 participants attended the class. The average age of the participants was 26 years old.

The MCH program continues to participate in various health fairs for the island community. These include the annual Healthy Mother's Healthy Babies Health Fair was held on December 18, 2009 at the Agana Shopping Center. The fair also offered free Immunization for children 0-18 years of age. The turnout was fair but we continued to promote Early Prenatal Care for all babies. We had a survey at the Fair and 33 surveys submitted; 13 encounters had Medicaid, one had MIP, and 10 had no insurance, 22 encounters were interested with WIC services, 17 were interested in the Child Passenger Safety, and nine had a concern with H1N1.

The Community Health Center has hired one more OB/GYN provider, one full-time Pediatrician, two part-time Pediatricians, and one Internal Medicine physician, to assist in the increased MIP/MAP pregnant women. The increase of providers in the NRCHC and SRCHC made the Public Health clients able to have adequate and safe prenatal care.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Infants (0 to 1)	2009	100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP

Infants (0 to 1)	2009	100
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Notes - 2011

The data presented is from Guam DPHSS, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Administration for the reporting period of 2009.

Notes - 2011

Data for 2009 is from the DPHSS, Division of Public Welfare, Bureau of Health Care Financing Administration. Medicaid Program.

Narrative:

For 2009, eligibility for Medicaid and SCHIP programs was determined at 100% of the federal poverty level. Funding for Medicaid is lower than the states because of Guam status as a territory of the United States. Medicaid funding for 2009 was \$17,836,000. In order to spend this money to pay for services rendered to Medicaid eligible client, the government of Guam needs to match this dollar amount at a ratio of 50%:50%.

The number of infants (0-1) under the Medicaid program was 4,372 or 14% of the total Medicaid eligible clients. Most of these clients about 84% seek medical care or well baby care from Northern and Southern Regional Community Health Center. Reason being is that most of the private providers do not accept Medicaid clients due to slow payment of services rendered not from the Medicaid program, but from the Department of Administration who has the responsibility to cut and disburse check payment to private providers. Private providers are required to submit claims for services rendered to the Medicaid program within a year from the date of service. Medicaid program will have to review process and adjudicate the claim within 15-30 days from the receipt of claim.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Medicaid Children (Age range 2 to 4) (Age range 5 to 14) (Age range 15 to 20)	2009	100 100 100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Medicaid Children (Age range 2 to 5) (Age range 6 to 14) (Age range 15 to 20)	2009	100 100 100

Notes - 2011

The data presented is from Guam DPHSS, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Administration for the reporting period of 2009.

Notes - 2011

Data for 2009 is from the DPHSS, Division of Public Welfare, Bureau of Health Care Financing Administration. Medicaid Program.

Narrative:

Eligibility to the Medicaid program was determined at 100% of the federal poverty level. For 2009, the total Medicaid eligible client was 30,928. Sixty-seven percent (67%) or 20,679 are clients under the age of 18 years old. The Northern and Southern Regional Community Health Center provided medical services to 16,229 (78%) clients less than 18 years of age. In addition to acute care, early periodic screening diagnostic and treatment (EPSDT) provided. Clients going for EPSDT are required to get an authorization from the Bureau of Health Care Financing to determine their state periodicity schedule depending on their age bracket.

Initial inoculation or updates of immunizations for these clients are in the clinic setting or in a community setting. Central Public Health clinic provides immunization clinic twice a week for clients without insurance, clients with Medicaid and under the Medically Indigent Program (MIP), which is a locally funded health insurance. In addition, the district nurses under the Bureau of Family Health and Nursing Services conduct immunization outreaches for clients with transportation problems. Village-based clinic run by the district nurses also provide immunization and other services.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Pregnant Women	2009	100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Pregnant Women	2009	100

Notes - 2011

The data presented is from Guam DPHSS, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Administration for the reporting period of 2009.

Notes - 2011

Data for 2009 is from the DPHSS, Division of Public Welfare, Bureau of Health Care Financing Administration. Medicaid Program.

Narrative:

Individuals who are at 100% of the federal poverty level are eligible to be under the Medicaid program. For 2009, there were 961 pregnant Medicaid eligible clients. Out of these 12% or 117 were in the adolescent age group. Most if not all Medicaid, eligible clients are at Northern and Southern Regional Community Health Center. Annual report from the Bureau of Primary Care

Services (BPCS) that oversees these two centers showed that 895 used their clinics for obstetrical services. The certified nurse midwife provided services to 5,752 users. The total encounter of clients seeking prenatal care was 5,515. Since the certified nurse midwife is in the Northern Regional Community Health Center, pregnant women with Medicaid coverage from the central and southern villages had to travel to the northern part of the island if they want to see this provider. Uninsured pregnant women had their prenatal care at the Central Public Health clinic. This clinic had women's health nurse practitioner as well as a family nurse practitioner providing the needed prenatal services.

Most of the Medicaid eligible clients are of Chamorro descent, which comprise about 67% of the total number of Medicaid clients. This correlate to the number reported by BPCS that the highest numbers of users in their clinic are Chamorro, which are about 20,081 or 65% of the total Medicaid eligible.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<u>ANNUAL DATA LINKAGES</u> Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<u>REGISTRIES AND SURVEYS</u> Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

Notes - 2011

Narrative:

The Department of Public Health & Social Services with the Office of Vital Statistics, IT staff, the MCH program, Guam Memorial Hospital, and Guam Early Hearing Detection and Intervention program, is at the process of negotiation with TA for a pilot the electronic program study to get all necessary data for the birth certification. From GMHA staff keying in all required data elements for the Birth Certificates to send to Office of Vital Statistic and place in format to be able to be downloaded to the DPHSS Office of Vital Statistics, to have it logged in and printed for the client's final Birth Certificate document. The management team and GEHDI are working to start this pilot project to start January 01. 2010.

Another accomplishment for the DPHSS Office of Vital Statistics activity that will be happening soon to improve birth certificate services that will may an outstanding impact to Guam and the MCH program is coming this October, 2010; the OVS will finally be able to issue birth, death and marriage certificates as well as marriage licenses electronically. New computer hardware and software will be installed. OVS will be using two programs, the State and Territorial Electronic Vital Event System (STEVE) and the Electronic Verification of Vital Events Nationwide System (EVVE). With STEVE, birth and death records can be copied electronically and paper certificates are printed, certified and issued immediately. This will minimize the wait time for customers as well as allow staff to do other duties besides issue certificates. This will allow the staff to retrieve pertinent data for their reports, as well as provide data for other programs in the departments. Most of the federal grants require some type of data dealing with vital statistics. EVVE will allow other local and federal government agencies, like the Social Security Administration or the U.S. Passport Office, remote access to the system to verify birthdates, decreasing the wait time for their customers as well. The system will also generate money for the department because a fee is charged for using the system.

The networking between agencies and the assistance of National organizations to improve our Birth Certificate System and Data system will help all the programs get accurate and current data. The GMHA, the Guam Early Hearing Detection and Intervention, the Guam Immunization Program, the MCH Newborn Screening program, and the Office of Vital Statistics came together in 2008-2009 to try to link together to get an improved system for data collection on Guam.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes

Notes - 2011**Narrative:**

The Youth Risk Behavior (YRBS) is conducted nationwide every two years. The Cooperative Agreement Grant between the Division of Adolescent School Health (DASH), the Centers for Disease Control (CDC) and the Guam Public School System (GPSS), Curriculum and Instruction funds the administration of the survey to randomly selected public middle and high school students.

The 2007 YRBS found that Tobacco Use amongst adolescents in Grades 9 through 12 who reported in the past month who smoked cigarettes on school property (one or more of the past 30 days) accounted to 12% Males and 9% Females for of 10% use. The YRBS survey regarding tobacco use by Guam kids are higher when compared to the 2005 U.S. findings of 7%. The use of chewing tobacco, snuff or dip (on one or more of the past 30 days) revealed a 17% usage by

Males and 9% usage by Females totalling to 13% overall. This finding was also high when compared to the 2005 U.S. at 8%.

The BFHNS family planning Program Coordinator was elected chair to the Guam Public School System YRBS Health Panel Advisory Committee and remain so today. His participation with school teachers and other health staff for the Curriculum and Instruction office meet to review critical educational materials to be disseminated to public school students. This coordinator also is invited to conduct presentation regarding his federal program services available to this young audience, as well as present a session on Male Health during the Pacific Resources for Education and Learning (PREL) Education for Life conferences on island. This active partnerships continues which engages not only the family planning program but our BFHNS Nursing staff to also give presentations at the public schools with topics on anatomy and physiology, as well as participate during career day activities.

The MCH Program has always been networking with the Guam Public School System for years, we have been working together with the "Youth 4 Youth" Conference and with Guam Comprehensive Cancer Steering Committee. GPSS conducts the YRBS survey every other year, so our data we will use in this grant will be the 2007 survey results.

IV. Priorities, Performance and Program Activities

A. Background and Overview

DPHSS is the "State Agency" for the Maternal and Child Health on Guam. MCH collaborates with multiple agencies, family groups, and individuals to meet the needs of mothers and children.

The MCH Task Force consists of members from various public and private organizations, government and not-for-profit agencies. They include:

Autism Community Together
Anderson Air Force Base Family Health Services
Department of Public Health & Social Services:
 Bureau of Social Services Administration (BOSSA)
 Bureau of Professional Support Services (BPSS) (Medical Social Services)
 Bureau of Communicable Diseases (BCDC)
 Bureau of Primary Care (BPCS)
 Bureau of Nutritional Services (WIC)
 Dental Clinic
 Emergency Medical Services
 Bureau of Health Care Financing (MIP, MAP programs)
Catholic Social Services (Homeless Shelters)
Department of Education (GDOE):
 Special Education Program
 Guam Early Intervention Services (GEIS)
 Head Start Program
Department of Youth Affairs (DYA)
Department of Highway Safety
FHP Medical Center
Guam Positive Parents Together (GPPT)
Guam Housing and Urban Renewal Authority
Guam Memorial Hospital Authority (GMHA)
 OB Nursery Head Nurse
 OB Ward Head Nurse
 Labor & Delivery Head Nurse
Guam Developmental Disabilities Council
Guahan Project
Guam Police Department (Traffic Safety Division)
Guam Fire Department (EMS)
Island Wide Breastfeeding Coalition
Project I Famagu'on-Ta
Polymedic Pediatric Clinic
Sanctuary, Inc
Parent Information Resource Center (PIRC)
Tumon Medical Clinic
University of Guam CEDDERS
US Naval Hospital, Guam (Captain Robert Miller)
University of Guam - University School of Nursing

The MCH Task Force met and decided on the top ten priorities for the next five years. They are in order of importance:

- (1) To reduce the rate of pregnant women who receive no prenatal care (currently 6.3% as reported by GMHA 2009)
- (2) To reduce the rate of infant mortality and morbidity (currently 25.1% as reported by GMHA 2009)
- (3) To reduce the rate of children who are overweight (currently 11.9% as reported in the

2007 Youth Risk Behavior Survey (YRBS))

- (4) To decrease the percentage of women who use alcohol, tobacco, and drugs during pregnancy (currently 10.3% as reported by GMHA 2009)
- (5) To increase the number of clients availing MCH/CSHCN services for children 0-21 years and their families (currently 1,700 clients as reported by BFHNS 2009)
- (6) To decrease the rate of Chlamydia for teenagers and young adults aged 14-22 years (currently 17.3% as reported by BCDC 2009)
- (7) To increase the number of people accessing vital records information online within DPHSS (currently unable to access vital records information online - 2009)
- (8) To reduce the incidence of maltreatment of children younger than 18 years of age (currently 2.9% of 65,333 children as reported by BOSSA 2009)
- (9) To decrease the percentage of Guam high school students who have engaged in sexual intercourse (currently 47.6% as reported in the 2007 YRBS)
- (10) To reduce the adolescent death rate (there were 8 suicides in 2009 as reported by GMHA)

B. State Priorities

The MCH Task Force decided on ten priorities for Guam. They are:

1. To reduce rate of pregnant women who receive no prenatal care.
2. To reduce the rate of infant mortality and morbidity.
3. To reduce the rate of children who are overweight.
4. To decrease the percentage of pregnant women who use alcohol, tobacco, and drugs during pregnancy.
5. To increase the number of clients availing MCH/CSHCN services for children 0-21 years and their families
6. To decrease the rate of Chlamydia for teenagers and young adults aged 14-22 years.
7. To increase the number of people accessing vital records information online within DPHSS
8. To reduce the incidence of maltreatment of children younger than 18 years of age.
9. To decrease the percent of Guam high school students who have engaged in sexual intercourse.
10. To reduce adolescent death rate.

Improving the health status, well-being and quality of life for Guam's women, infants, children and adolescents is a great challenge for the MCH Program. In reviewing the past performance measures, it may be perceived that there was a focus on youth issues (suicide, premarital sex, substance abuse). This was because the rates were so high for this age group.

The 2010-2015 Needs Assessment identified the need to continue to offer preventive and primary care services for pregnant women, mothers, infants and children, especially those with special health care needs.

List is the top ten priorities with the related performance and outcome measure.

State Performance Measure #1: To reduce rate of pregnant women who receive no prenatal care.

Priority area: To decrease infant mortality and morbidity, preterm births, and low birth weight.

MCH Pyramid level: Direct health care

Related Outcome Measure: Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate, low birth weight rate and maternal mortality.

State Performance Measure #2 :-- To reduce the rate of infant mortality and morbidity
Priority area: Increase access to prenatal care, decrease use of alcohol, tobacco and illicit drugs
MCH Pyramid level: Direct health care.
Related Outcome Measure: Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate.
State Performance Measure # 3 -- To reduce the rate of children who are overweight.
Priority Area: To reduce unhealthy eating habits, increase physical activity and exercise
MCH Pyramid level: Population-based services
Related Outcome Measure: Child/adolescent death rate, BMI rates

State Performance Measure # 4: To decrease the percentage of pregnant women who use alcohol, tobacco, and drugs during pregnancy.
Priority area: Increase access to prenatal care, to identify early signs of at-risk behavior.
MCH Pyramid level: Population-based services
Related Outcome Measure: Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate.

State Performance Measure # 5: To increase the number of clients availing MCH/CSHCN services for children 0-21 years and their families
Priority Area: To ensure the all children with special health care needs have a medical home for comprehensive primary and preventive health care with the coordination of all health and support services.
MCH Pyramid level: Infrastructure-building services
Related Outcome Measure: Look at CSHCN registry, annual reports for BPCS, BFHNS, GEIS referrals

State Performance Measure # 6: To decrease the rate of Chlamydia for teenagers and young adults aged 14-22 years.
Priority Area: To decrease morbidity among adolescents; reduce unhealthy and risk taking behaviors among adolescents.
MCH Pyramid level: Enabling services
Related Outcome Measure: The prevalence of STD/HIV/AIDS in adolescent relationships.

State Performance Measure # 7: To increase the number of people accessing vital records information online within DPHSS.
Priority area: Increase access to vital records, accurate vital statistic data collection
MCH Pyramid level: Infrastructure Building Services
Related Outcome Measure: Number of birth, death and marriage certificates issued, number of marriage licenses printed

State Performance Measure #8 -- To reduce the incidence of maltreatment of children younger than 18 years of age.
Priority Area: To decrease intentional and unintentional injuries in the MCH population.
MCH Pyramid level: Population-based services
Related Outcome Measure: Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate, decrease in CPS referrals

State Performance Measure # 9 -- The decrease the percent of Guam high school students who have engaged in sexual intercourse
Priority Area: To reduce unintended and intended adolescent pregnancies
MCH Pyramid level: Population-based services
Related Outcome Measure: Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate, teen pregnancy rates, maternal mortality and morbidity

State Performance Measure #10: To reduce the rate of adolescent death rate
 Priority Area: Increase awareness on dangers of illicit drug use and alcohol, suicide prevention, mental health services
 MCH Pyramid level: Enabling services
 Related Outcome Measures: psychological referrals, GPD reports

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	85	90	100	100	100
Annual Indicator	4.2	4.6	0.0	100.0	100.0
Numerator	136	133	0	27	16
Denominator	3203	2914	3501	27	16
Data Source				DPHSS NBS Program, GMHA, Sagua Mangu screenings	DPHSS NBS (GMHA, Sagua Mangu screenings)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100

Notes - 2009

All data from the area are from the DPHSS BFHNS Newborn Screening Tracking System of all positive screeners for 2009.

a. Last Year's Accomplishments

The Department of Public Health and Social Services (DPHSS) Bureau of Family Health and Nursing Services (BFHNS), the State Agent for managing and overseeing the Guam Newborn Metabolic Screening program has indeed seen much improvement on the monitoring and tracking of our island's newborns. Our current program improvements stem from the total dedication and commitment by the temporary assignment of the family planning Program Coordinator III who took the program running and ownership thus, the development of an easy and simple database designed to collect, store, monitor, and track all newborn abnormal laboratory tests.

While our Guam Newborn Metabolic Screening Program is currently enjoying program success, the lack of a permanent full-time DPHSS/BFHNS Maternal and Child Health Program Coordinator IV and a permanent full-time Guam Newborn Metabolic Screening Coordinator continues to hamper our present bureau operations, and more importantly, other vital federal program activities that we oversee, and administer.

Crucial meetings are well underway between our office and public, private, and other governmental, both local and federal officials, in designing and implementation of Guam's Electronic Birth Certificates, as well as, the birth of our Electronic Health Records for all consumers being cared for clinically and receiving other related health services from our Public Health Centers. The temporarily assigned family planning Program Coordinator III participates in all these meetings.

As a result of such meetings, it is our hope to see new automation and modern technological hardware and software developments that our federal programs have been expecting to come through fruition next fiscal year (FY2011). The formulation and implementation of our department's Electronic Health Record and most importantly, the initiation of Electronic Birth Records will surely place our Public Health department right along with other health departments in CONUS.

Much of the Guam MCH Newborn Metabolic Screening program success was as a direct result of the helpings from the Western Genetics office in Honolulu, Hawaii for their continued support and guidance in achieving where our current Newborn Metabolic Screening Program is presently functioning at. They continue to equip us with important updates regarding the program and providing us the opportunity to participate at the stakeholder annual conferences thus enabling the Guam program to network and collaborate with other Newborn Metabolic program stateside. Information received from these important trainings and conferences are essential in maintaining and sustaining the Guam Newborn Metabolic Screening Program in providing optimal health care to our newborns and their families.

All our newborn laboratory blood samples are drawn at the only civilian hospital on Guam, GMHA. These laboratory blood samples are packaged and expressed mailed to Denver, Colorado for diagnostic testing and upon completion, results are sent back to GMHA which typically takes about two weeks or more, and then forwarded to the MCH Newborn Metabolic Coordinator. While our private birthing center partner Saguan Managu contracts their diagnostic laboratory reviews at an Oregon Lab, we have inquired with the Western Genetics Office on the possibility of having the same contract established for the MCH Newborn Metabolic Screening Program.

The MCH program intends to 1) Create a permanent and reliable Guam Registry for the Newborn Metabolic Program, and 2) through active collaboration with our private, public, and governmental partners to bring about an long term follow up (LTFU) program built in to the Guam Newborn Metabolic Program. Thirdly, along with the immediate hiring of a permanent full-time (FTE) Metabolic Coordinator, our program will need technical assistance (T/A) training for our new hire to be fully equipped and ready to tackle all parts of the operations in achieving the program's intended outcome.

The bureau remains steadfast in program improvements particularly in providing vital and optimal health services to our infants, mothers, and their families. Active collaborative efforts continue with our department's office of Vital Records, Central Public Health Medical Records, UOG CEDDERS Guam Early Newborn Screening Program, all birthing centers, and the Guam Memorial Hospital Nursery, Laboratory staff, and both Institution Technology (IT) offices from GMHA and DPHSS.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To be active collaboration with the Western States Genetic Services, and all birthing centers on Guam to ensure all babies born on island receive a Newborn Screening test.	X			
2. To improve the data collection of all Newborn Screening activities.			X	
3. To meet with government, public, and private partners to identify long term and sustainable data system.			X	
4. To work with the Island Wide District Nurses and Mayor's office improve locating all mothers, newborns, and their families on Guam	X			
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Work with the Western Genetics office in Hawaii regarding new development on systems of care and follow up for Guam Newborn Metabolic Screening Program.

Work with the Central Public Health Medical Records to establish a more permanent housing and storage for all Newborn Metabolic Screening Tests.

Continue to meet with IT Computer Systems staff to design a more robust and sustainable data collection software for the Newborn Metabolic Screening Program.

Secure a working Registry for the Guam Metabolic Program.

Actively collaborate with private, public, and governmental partners in designing a long term follow up (LTFU) plan for program sustainability.

Continue to meet and participation with Electronic Birth Certificate and Electronic Health Record Task Force committees.

c. Plan for the Coming Year

Hire a permanent full-time MCH Program Coordinator IV.

Hire a permanent full time Guam Newborn Metabolic Coordinator.

Continue to meet with office of Vital Statistics and Medical Records Staff, Guam Memorial Hospital Nursery, Laboratory, and IT Administrator, UOG CEDDERS, other government, public, and private agencies to explore avenues to further improve our data collection activities.

Attend Western Genetics Conference with other Newborn Metabolic Programs as scheduled.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	3423					
Reporting Year:	2009					
Type of Screening Tests:	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	3423	100.0	1	0	0	
Congenital Hypothyroidism (Classical)	3423	100.0	29	2	2	100.0
Galactosemia (Classical)		0.0				
Sickle Cell Disease		0.0				
Biotinidase Deficiency	3423	100.0	14	1	1	100.0
Cystic Fibrosis	3423	100.0	3	0	0	
Fatty Acid Oxidation	3423	100.0	1	0	0	
Hemoglobinopathies	3423	100.0	42	12	12	100.0
Organic Acidemias	3423	100.0	1	0	0	
Amino Acidemias	3423	100.0	1	0	0	
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	3423	100.0	10	1	1	100.0

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	54.8	54.8	25.0	35.1	43.7
Numerator	548	548	306	613	755
Denominator	1000	1000	1225	1748	1726
Data Source				DPHSS MCH Program's CSHCN Registry	DPHSS MCH Program's CSHCN Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events					

over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments

In 2009, there was a total of 795 children with the CSHCN program, were seen at the Mangilao Public Health Center Clinic during the year of 2009. The BFHNS staff has played a vital role in case findings of the Children with Special Health Care Needs through home visits, agency visits, and clinic visits. Since there was a large amount of premature infants born in 2008, a total of 363 newborns from the DPHSS OVS stats, the premature infants are seen at community outreaches around the island. The Community Health Nurses have noted and identified some of these special needs children at the monthly Immunization Outreaches, the H1N1 outreaches, and other agency outreaches like, Head start Fitness Fair and DOE Community Health Fairs.

The Community Health clinics were able to see approximately 483 children under the Early and Periodic Screening, Diagnosis and Treatment Program, and the Special Kids Clinic, that served some Children with Special Health Care Needs population.

The Special Kids Clinic identified a Primary Care Pediatrician to oversee the Special Kids Clinic and they also form the Medical Home for this CSHCN population. The clinic continues to be held twice a month. The Pediatrician continues to see 4 clients in a 4 hour clinic schedule.

Another special clinic that has been held at the Seven Day Adventist Clinic, but this year they moved it to the Northern Community Health Center, because the new Hemophilia physician was Dr. Stupski was employed. The clinic is held every month on one Saturday from 8:00am to 1:00pm. A Social Worker, 2 Registered Nurse, and a Medical Records clerk are staffed at every Hemophilia Clinics. A typical clinic may see 20 to 30 clients that day with their family.

The Shriner's continued their biannual visits on January 15-23, 2009 and on June 18-25, 2009. Both clinics had between 300 to 400 children seen. With their two visits, they were able to hold one clinic day with Dr. Bollinger (Orthopedic) and one Telemedicine Conference Call with about 2 children at a time. They were also able to present an in-service session with the Guam Medical Society. Two Orthotic clinics were also held in January 12-15, 2009 and saw 28 children.

Another program that works closely with families with Special Health Needs, that is funded under the MCHB is "Project Tinituhon" (the Beginning, in Chamorro), "All Eyes on Five" is a collaborative project held two Early Learning Council Meetings. The University of Guam Center for Excellence on Developmental Disabilities Education, Research, and Services (CEDDERS) has provided clients and families with training and support.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. MCH staff and the DPHSS's staff that are dealing with CSHCN will work with partners and stakeholders to ensure that by 2011 the families with children with special health care needs (CSHCN) will at least have adequate health insurance.	X			
2. CSHCN/MCH staff and other DPHSS staff that are also dealing with CSHCN will be more involved with family members in providing training for CSHCN concerns or learning needs.	X			
3. DPHSS Medical Social Workers, CSHCN staff, BPCS staff, MCH staff, BFHNS staff, and the DPHSS Public Welfare Assistance staff will work with the families to increase utilization of preventive services such as EPSDT program, Immunization, and screening	X			
4. To provide client satisfaction surveys annually to evaluate the Guam MCH CSHCN services and program.		X		
5. To provide BFHNS staff with in-service on the different CSHCN services provided by the Department of Education, and vice versa.			X	
6. To work with other children with special needs programs, with the Department of Education; Special Education division, and the Head start Program.		X		
7. To participate with all activities with the Early Learning Council, as a member under the MCH Program. To be actively involve with Project Karinu, an Early Childhood Mental Health Grant as their Lead Clinical Manager for the project.		X		
8. To collaborate on activities with the Western States Genetics' Services Collaborative (WSGSC) a representatives for Guam at their Annual WSGSC Summit.				X
9.				
10.				

b. Current Activities

In this 2010 year, The BFHNS is aware of the need for coordinated, comprehensive health services for Children with Special Health Care Needs and their families, and therefore continue to assist with any of the services needed.

The Department of Public Health & Social Services was awarded a 8.3 million for 6 year period, this grant is awarded by SAMSHA for the Early Childhood Mental Health grant called Project Karinu, and the Division of Public Health is one of the Lead division of this project and the BFHNS Administrator is the Lead Clinical Coordinator for this project.

The Genetics' team from Hawaii held a Genetics clinic on February15-19, Dr Seaver held her clinic with 8-10 clients per day, the team saw a total of 51 clients that week. The team consisted with 2 Genetics Counselor and Project director.

Newborn Screening was started in March 2008 and results were stated in the MCH Grant, which met 100% complaince for all (+) 2nd screening follow-up visits. The team also did an In-Service on Newborn Screening Grant and a rare Genetics diagnosis. The NB Screening infants that being referred will soon be seeing the staff of Project Karinu working with the families because of their age and diagnosis. The children are with metabolic related special needs to be also monitored too.

Project Tinituhon"The Beginning, in Chamorro", "All Eyes on Five" is a collaborative project has increase partnership with the BFHNS Administrator. BFHNS staff were able to attend one training session.

c. Plan for the Coming Year

To coordinate and provide medical assistance of CSHCN and their families through pediatric, and specialty health care clinics.

To work with other children with special needs programs, with the Department of Education; Special Education division, and the Head start Program.

To participate with all activities with the Early Learning Council, as a member under the MCH Program.

To be actively involve with Project Karinu, an Early Childhood Mental Health Grant as their Lead Clinical Manager for the project.

To refer, assist and work closely with DOE concerning medical/developmental case management of CSHCN.

To provide BFHNS staff with in-service on the different CSHCN services provided by the Department of Education, and vice versa.

To collaborate on activities with the Western States Genetics' Services Collaborative (WSGSC) a representatives for Guam at their Annual WSGSC Summit.

To set a meeting with parents under the CSHCN registry and discuss issues they may have with the MCH/CSHCN Program.

To have interested parents who would like to represent a children with Newborn Screening disorders as a Parent Advocate to the WSGSC.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	66	66	67	67	60
Annual Indicator	59.7	59.7	53.5	50.1	53.2
Numerator	814	814	655	876	918
Denominator	1364	1364	1225	1748	1726
Data Source				CSHCN,Hemophilia, Shriners', nd Premie li registr	CSHCN,Hemophilia, Shriners's, registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3					

years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	60	60	60	60	60

a. Last Year's Accomplishments

A total of 844 children of CSHCN program were seen at the Mangilao Public Health Center during the year of 2009. The BFHNS continue to play a role in case finds of Special needs children through home visits, and clinic visits.

Last year, the Shiner's provided two clinical sessions at Mangilao Public Health: 230 clients in January 2009, and 249 clients in June 2009, a total of 479 clients were seen with orthopedic problems were seen. Last year a total of approximately 52 clients were sent off-island to the Shiner's hospital for surgical repair. The fee for the off island service is free also. A BFHNS CSHCN Program Coordinator III assisted in the coordination of the medical documents, travel assist and the off-island housing of the client and family.

Last Year also a Genetics team from Hawaii (WSGSC) provided 5 days of clinical and genetic counseling services for the entire island, 479 children were evaluated, and 51 families were provided with genetics counseling , In addition, the Genetics team provided two in-services on the Western States Genetics Services Collaboration (WSGSC) program/grant and on a specific Genetic conditions seen within the region.

Our two Community Health Centers provided clinical services for CSHCN clients, with 3 Pediatricians, 2 Family Practices physicians and 2 Nurse Practitioners assessed, evaluated and referred clients and their families to other services as needed. Central Public Health is the only clinic that provides free medical evaluation and follow-up.

Last year, a Department of Education hearing specialist, provided an in-service and hearing equipment for the Mangilao clinic to provide hearing screening for newborns, school physical requirements and questionable hearing/speech problem clients. The Mangilao Health Clinic provided 54 hearing assessment tests. Out of the 54 screenings done, 3 were found to have failed hearing test and were referred to the PEDS program for further evaluation.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To link children with medical specialty services and coordinate linkage with child's medical home/primary care provider.		X		
2. The CSHCN Program Coordinator and DPHSS Medical Social Workers will both provide coordination of care to these children's health care needs and refer them to other programs and agencies to meet their needs.	X			
3. Engage with other private physicians and specialty providers to negotiate a plan to provide certain clinical time to our CSHNC clients at our Guam's Public health centers. 4.	X			

4. The CSHCN staff monitor the CSHCN clients on their health insurance status, latest Medical diagnosis, and all treatments done.	X			
5. The CSHCN staff will be abreast to most of the Off-island Medical Speciality clinics that will provide clinic hours to our CSHCN population.		X		
6. The CSHCN staff and MCH nursing staff will provide assist in coordination of care with Project Karinu and Project Bisita I Familia to the CSHCN within our clinics.		X		
7.				
8.				
9.				
10.				

b. Current Activities

This year the BFHNS is aware of the need for coordinated, comprehensive health services for Children with Special Health Care Needs and their families, and therefore continue to assist with any of the services needed.

Several specialty clinics held for the CSHCN clients. This July 20 to 25, the Shiner's clinic were screen and evaluated 233 clients. Of these clients 52 were recommended for off-island surgical interventions at the Shriner's Hospital in Hawaii.

An Orthotics Clinic was held with 26 clients seen and orthotic procedures were done.

The BFHNS continue to be the coordinator for follow up of positive newborn Metabolic screening tests. If newborns do not have medical insurance, an appointment for free medical clinic visit at the Mangiao Public Health clinic.

The BFHNS nurses assisted and participated with the 2010 Homeless Coalition Survey. This was a one day event. A total of 1,001 homeless clients were surveyed. Of the 525 children, 21 were found to be a special needs child. This child was referred to the necessary services for assistance.

The BFHNS participated in the Interagency Coordinating Council (ICC) Parent Forum, held July 6th to provide families with information on how local agencies collaborate to represent ICC..

The percent of CSHCN ages 0-1 who received coordinated, ongoing, comprehensive care within a medical home in 2009. This information for Hemophilia is based on the 17 children seen And 3 out of 17 is in this age range, so the percentage is 0.17%

c. Plan for the Coming Year

To continue to coordinate, provide medical assistance of CSHCN and their families through pediatric, and specialty health care clinics.

To continue to refer, assist and work closely with DOE concerning medical/developmental case management of CSHCN.

To continue to assist the different CSHCN clinics and provide nursing support to all the clinics to promote partnership with this group.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	72	73	74	74	80
Annual Indicator	41.2	41.2	60.2	68.0	69.9
Numerator	562	562	737	1188	1207
Denominator	1364	1364	1225	1748	1726
Data Source				DPHSS MCH Program's CSHCN's Registry	DPHSS MCH Program's CSHCN's Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	80	80	80	80	80

Notes - 2009

All CSHCN data are all unofficial for 2009 due to there are a variety of registries within agencies and program throughout Guam.

a. Last Year's Accomplishments

The Shriner's Clinic both in January and June 2009 were both well conducted and a estimated 753 clients seen at the Guam Public Health Centers.

The monthly Special Kids Clinic held at Northern Region Community Health Center clinic with Dr. Dennis Sarmiento the Pediatrician from the center, and they saw approximately about 46-50 clients.

The monthly Hemophilia Clinics were held at a Seventh Day Adventist clinic, outside of the Public Health Centers. These clinics were held for these Hemophilia with or without insurance, to assure the clients are managed and treated with a primary physician for their illness. Two of the BFHNS Community Health Nurses are assigned to assist the Hemophilia Program and provide nursing to their clients and families, seven days a week and 24 hours a day. These clinics are staffed with 2 nurses, 1 social worker, 1 physical therapist, and 1 physician. In 2008 the monthly Hemophilia clinics see about 72 clients and their families and this population is growing year by year.

The Genetics Clinic was not offered in 2008 but the Hawaii Genetics Team did come out to Guam but were scheduling meetings with private insurance companies to educate them on the importance of covering the cost for Genetic testing in newborns to prevent further complications and decrease cost on long term treatment. The team were pleased because the insurance companies did approve certain amount of testing to be covered by them this year.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To work as a CSHCN team with the BFHNS, BPSS, and the MCH CSHCN coordinator to participate in inter and intra agency committee, training, and work groups which focus on improving access to services for CSHCN.		X		
2. The BFHNS Administrator will continue the collaboration with WRSGC, Shriners, and Hemophilia Foundation to access to specialists through the use of telemedicine and specialty outreach clinics.		X		
3. To meet bi-annually with the MCH Task Force Committee to evaluate the CSHCN needs and other issues with CSHCN families.			X	
4. To refer, assist and work closely with DOE concerning medical/developmental case management of CSHCN.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Currently the Guam Community Health Centers have been seeing most of the MIP clients and a majority of the Medicaid clients. So in 2008 the CHC saw 8,876 of MIP clients, 14,109 of Medicaid clients, 5,044 of Uninsured/ No insurance clients, 620 of Private Insurances, and so out of the 30,835 the total of encounters the CHC provided services. MIP and Medicaid clients had about over half of the encounters used the Community Health Centers services.

The BFHNS Administrator has been in close communication with the manager of both the Shriner's and Genetics Management team and with the two clinics coming both to Guam this year. The clinics have ran very smoothly.

The Shriner's came in January 15-23, 2010 and June 20-25, 2010. The Genetics Clinic conducted a Genetics outreach clinic at Central Public Health held it on Feb14 -18, 2010 and seeing over 50 children and families. They also provided In-service to our staff and the staff at GMHA. They have given their time with us and we also learned alot more about Genetics.

c. Plan for the Coming Year

1. To continue to work with Guam's State Office for the Medicaid and MIP programs to assist the CSHCN population to be accessible to apply for these programs.

2. Plan with other Bureaus and other programs to provide at least 3 Community-Based Outreaches to provide free health services for child, family health services to meet the needs of others.

3. To continue coordinate other speciality Clinics that will benefit the CSHCN population and families.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	50
Annual Indicator	100.0	100.0	60.2	43.1	44.7
Numerator	1	1	737	753	772
Denominator	1	1	1225	1748	1726
Data Source				Guam DPHSS CSHCN Program and BFHNS reports	Guam DPHSS CSHCN Program and BFHNS reports
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50

Notes - 2009

All CSHCN data are all unofficial for 2009 due to there are a variety of registries within agencies and programs throughout Guam.

a. Last Year's Accomplishments

A total of 844 children of CSHCN program were seen at the Mangilao Public Health Center during the year of 2009. The BFHNS continue to play a role in case finds of Special needs children through home visits, and clinic visits.

Last year, the Shiner's provided two clinical sessions at Mangilao Public Health: 230 clients in January 2009, and 249 clients in June 2009, a total of 479 clients were seen with orthopedic problems. Last year a total of approximately 52 clients were sent off-island to the Shiner's hospital for surgical repair. The fee for the off island service is free also. A BFHNS CSHCN Program Coordinator III assisted in the coordination of the medical documents, travel assist and the off-island housing of the client and family.

Last Year also a Genetics team from Hawaii (WSGSC) provided 5 days of clinical and genetic counseling services for the entire island, 479 children were evaluated, and 51 families were provided with genetics counseling. In addition, the Genetics team provided two in-services on the Western States Genetics Services Collaboration (WSGSC) program/grant and on a specific Genetic conditions seen within the region.

Our two Community Health Centers provided clinical services for CSHCN clients, with 3 Pediatricians, 2 Family Practices physicians and 2 Nurse Practitioners assessed, evaluated and referred clients and their families to other services as needed. Central Public Health is the only clinic that provides free medical evaluation and follow-up.

Last year, a Department of Education hearing specialist, provided an in-service and hearing equipment for the Mangilao clinic to provide hearing screening for newborns, school physical requirements and questionable hearing/speech problem clients. The Mangilao Health Clinic provided 54 hearing assessment tests. Out of the 54 screenings done, 3 were found to have failed hearing test and were referred to the PEDS program for further evaluation.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH CSHCN coordinator and MCH nursing staff will support the Community Health Nursing Services Community-Based outreach activities.	X			
2. The BFHNS staff and MCH CSHCN staff will both be members for the Head Start Advisory Committee to represent and advocate for our CSHCN education and lifestyle needs.		X		
3. The BFHNS/CSHCN staff will work with programs such as; the Guam Early Intervention Services, Project Tinituhon, Guam Early Learning Council, Department of Education - Division of Special Education, Project Tinitahon, Project Karinu, and the Bureau of		X		
4. To work as a CSHCN team with the BFHNS, BPSS, and the MCH CSHCN coordinator to participate in inter and intra agency committee, training, and work groups which focus on improving access to services for CSHCN.		X		
5. The BFHNS staff, CSHCN staff, and Medical Social workers begin to work with Project Karinu Core team with Early Childhood Mental Health Clinical team and Project Bisit I Familia.		X		
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Shriners' Clinic and Telemedicine session are still being held twice a year, at the CRHC and Dr. Bollinger's Outreach Clinic.

Hemophilia Clinics are held every first Friday of each month, now at the Northern Community Health Center in Dededo, Guam, with Dr. Bernard Stupski as the New Hemophilia Medical Provider for the clients of the Hemophilia group.

The Buearu of Primary Care Services Extended Clinic outreach clinics with a Medical Provider present at the outreach at different High-risk areas on Guam. Two outreaches were done in 2010 with the BFHNS.

The Hawaii Genetics' Team is in constant communication with the BFHNS Administrator,

because of some abnormal newborn screening results and that Guam is part of the Western States Genetics Coalition. The DPHSS BFHNS administrator and the temporarily assigned family planning Program Coordinator III have worked together with Dr. Robert Leon Guererro, to process the NB Screening lab results, to be reviewed by the Medical Advisor, interventions were done and tracking of all these children are well organized to be 100% compliance with the MCH Performance Measures for 2009 MCH Grant.

c. Plan for the Coming Year

The plan for the BFHNS MCH Program will be to continue our Membership with the Guam Public School Headstart Advisory Committee, Plan for the Coming Year

To work closely with MCH CSHCN coordinator to seek other new programs to upgrading our CSHCN registry that can link with other programs related to Birth certificates, hearing screening, newborn screening, WIC, and immunizations.

To continue to communicate with all the speciality clinics and CSHCN Committees.

To continue to work with other physician with the Newborn Screenings.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	50
Annual Indicator	100.0	100.0	60.2	10.2	10.7
Numerator	1	1	737	178	203
Denominator	1	1	1225	1748	1906
Data Source				Data from CSHCN Registry and GPSS SPED	Data from CSHCN Registry and GPSS SPED
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50

a. Last Year's Accomplishments

The Department of Public Health and Social Services have certain bureaus and programs working with the Guam Public School System with their transitional students leaving high school

and moving into adult life. For instance with the Division of Public Health; the Shriners' Outreach Clinics held twice a year and seeing all children with Orthopedic or Skeletal health needs. Another is the Special Kid's Clinic held twice a month, every other Wednesday mornings with Pediatrician Dr. Sarmiento, who sees 4 schedule children at a time. Then with the Division of Public Welfare the Bureau of Social Services Administration, the Child Protective Services program provides social services to include adoptive services, foster care, home placement for children, abused or neglected, coordinated care services for children/youth with disabilities to severe emotionally disturbed.

The Guam Department of Education has a division of Special Education that deals with these children, and how they monitor their services each child that enters GPSS with a special need is given a Individual Education Plan(IEP) to address the child's needs and goals done with GPSS. So out of 2183 IEP of the total amount of Special Needs students, 52 students are identified to be leaving the GPSS and graduating from High School and entering the Adult life transition. The CSHCN coordinator is aware of them and in some cases called to attend the students IEP exit sessions, to add to other resources or follow-up.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH /CSHCN coordinator an MCH nursing staff to support the Department of Vocational Rehab in their future activities.			X	
2. The BFHNS staff will be a member for the Disability Advisory Council to represent and advocate for our CSHCN education and lifestyle needs.			X	
3. The MCH/CSHCN coordinator and BFHNS staff will start collaborating to attend meetings related to clients with CSHCN transtioning to adult life.		X		
4. To accept children under the Department of Education Special Education Program in placing children in the Transtional Placement Program to be employed in our Bureau.			X	
5.				
6.				
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b. Current Activities

Currently CSHCN coordinator collaborates with the GDOE division of Special Education, Department of Integrated Services for Individuals with Disabilities (DISID), and with the Department of Mental Health and Substance Abuse-Project I Famaguon'ta, dealing with the present CSHCN Registry and CSHCH clients that are in high school with special health needs.

We have one of our MCH PC III acting as the Vice Chairperson of the Disability Council, with his membership he can give advice on how the BFHNS can assist them dealing with children transitioning into adult life. It also makes the MCH Program see what the CSHCN coordinator

can network to have these children a successful transition.

Our BFHNS also had a privilege to assist the GDOE Special Education in placing one of their student come to our clinic to work on data entry. We all learned more on how we can assist these students in planning their graduation and job experience to find what his skills may taken after high school. We are open for more students to join our health care personnel to give them a chase to see if Nursing or Healthcare is in their Higher Education and future.

c. Plan for the Coming Year

1. To assist and collaborate with the Division of Vocational Rehabilitation (DVR), and GPSS finalize a new MOA to include Department of Mental Health and Substance Abuse, with the Child/Adolescent Services Division, I Famagu'on-ta, and the Department of Youth Affairs to expand the idea to provide services to transitioning students.
2. Also again to continue to assist the DVR to establish a MOU for Guam Community College to help facilitate students' transition to post-secondary education.
3. To continue our Membership with the DD Counsel, Headstart Committee, and Early Learning Counsel.
4. To continue to work with Guam DOE with students in the Special Education program with the transitioning Program to work at the DPHSS.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	75	75	75	75	75
Annual Indicator	23.2	23.5	23.5	34.6	35.5
Numerator	740	750	750	66	1554
Denominator	3193	3186	3189	191	4378
Data Source				Guam Immunization Program WEBIZ	Guam Immunization Program WEBIZ
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014

Annual Performance Objective	75	75	75	75	75
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Notes - 2009

The Guam DPHSS Immunization Program has all the centers at DPHSS inputting into the WEBIZ for 2009 and about 3 private clinics are also inputting their immunizations.

Notes - 2008

The Guam Immunization Program were not able to give a more exact numbers because the WEBIZ program and system has just started in September 2008, so the data given is not an accurate amount of children between 19 -35 months that their immunization is up-to date. By next year the WEBIZ will have a more accurate numbers.

a. Last Year's Accomplishments

The Immunization Program's WEBIZ program has been online and is actively used in all the Public Health Centers and Community Health Centers. The BFHNS and BPCS nurses are both inputting into the program, so the immunization records are in the system for about two years now. So if you notice the data on the encounters have been increasing, because the nurses at Central Public Health are immunizing 60-70 children three times a week at the Walk-In clinic.

The BFHNS nurses assisted in launching the School-Based H1N1 Mass Vaccinations, coordination of school nurses and with DOE School Counselors. The Public Health nurses were the lead preceptors and were assisting them with other information about the vaccines. The DOE nurses had assisted with one or two other Child Immunization outreaches. The University of Guam, School of Nursing student nurses are also given clinical time to conduct and participate in at least one Immunization at a high-risk area on Guam.

The coordination between the Immunization Program and the BFHNS nursing staff continue to conduct the Monthly Nursing Immunization Outreaches, the Monthly WIC Immunization Clinics for the WIC clients and the Annual Child Immunization Clinic usually scheduled health fair at the Micronesia Mall in April.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To be a partner with the Guam Immunization Program in coordinating majority of all Child Health Immunization program outreaches.		X		
2. To have all BFHNS staff properly input accurate data after vaccinating their clients into the WEBIZ with all Child Immunization clients.	X			
3. To coordinate immunization activities at variety high-risk areas with the Immunization Program.		X		
4. To have a BFHNS/MCH program staff be a member of the Guam Immunization Coalition to represent the nursing services in the DPHSS			X	
5. To invite the Guam Immunization Program Coordinator to be a part of our MCH Task Force Committee to represent the immunization efforts for children on Guam.			X	
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b. Current Activities

The main focus with the Immunization Program and BFHNS was the H1N1 Vaccination Training and Mass Vaccinations Outreaches, because of the H1N1 Outbreak and DPHSS being the Lead Agency for this pandemic. The DPHSS had about 8 Vaccination Outreaches throughout the island. The DPHSS had great partnership with the Guam Fire Department, DOE School Health COunsels, the University of Guam, and the Department of Mental Health nurses and EMTs. Vaccinating about 20, 000 clients within that year.

The Healthy Mothers and Healthy Babies fair held in December 18, 2009 at Agana Shopping Center and had provide immunization information with H1N1 vaccine and precautions will still invite the Immunization to continue the annual fair and immunization outreach.

Participated again at the Homeless Health Screening Outreach with Immunization offered to all clients within the Homeless populations at the outreach, that was held in September 2009.

The BFHNS district nurses hold monthly Immunization outreach in different villages around the island heopefully near aHigh-risk area, the Immunization also assist the nurses in these outreaches. Sometimes there is at least one or two child finding of a CSHCN encounters.

The Immunization Program and the BFHNS conducted agency Flu outreach for the Guam Airport Authority, DYA clients/workers, Project Kid Care Outreach, Sanctuary, and Island Girl Power outreach.

c. Plan for the Coming Year

1. To coordinate and conduct Immunization outreaches with the Immunization Program and BPCS Extended Clinic Outreaches.
2. To collaborate with the WIC monthly immunization clinics will be provided to the WIC clients.
3. To work with Immunization Program and Guam Dpartment of Education on their Annual Outreach Fair and Headstart Program.
4. To collaborate to offer Vaccination Updates and training to the nurses in the DPHSS.
5. To work with other agency to provide adult and child immunization outreaches to target the at-risk populations.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	23	22	21	21	20
Annual Indicator	26.1	0.0	26.7	12.4	35.3
Numerator	114	0	120	43	121
Denominator	4365	4496	4496	3466	3423
Data Source				DPHSS, GMHA , Child Link w/ Guam	DPHSS Vital

				EHDI, Sagua Mangu	Statistic Office
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	2010	2011	2012	2013	2014
Annual Performance Objective	20	20	20	20	20

Notes - 2009

This data was hand count at the DPHSS Vital Statistics Office from the 2009 Birth Certificates by a MCH/BFHNS nursing staff

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported on time but no other data was provided at this time.

GMHA also provide data on teenage mothers.

a. Last Year's Accomplishments

The Bureau of Family and Nursing Services (BFHNS) Nursing Managers and the Bureau of Professional Support Services (PBSS) Medical Social Workers continue to partner in offering Early Prenatal Counseling Classes (EPCC) twice a month. These classes provide education on various health topics for pregnancy, nutrition, stages of pregnancy, exercise, danger signs, alcohol/drug abuse, and family planning methods to include child care.

The Family Planning program continues to educate teenage mothers seeking family planning services during their prenatal care visits, and the community health Nurses continue to provide education on family planning methods, to promote bonding and healthy women's health.

The BFHNS nursing staff and Family Planning Coordinator III have conducted Reproductive and other Health care presentation at the various public and private high schools and middle schools throughout Guam. Presentation included Male and Female topics, healthy lifestyle changes, information and statistics on STDs among the teenage population.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To provide Adolescent Health presentations to the different Guam Department of Education schools; middle and high public schools School Health Counselors throughout the island to		X		

promote awareness of planned parenting activities with the DPHSS and on				
2. BFHNS/MCH program staff will conduct the Early Prenatal Care Classes twice a month to promote safe prenatal care to pregnant women within the Public Health Centers.	X			
3. DPHSS nursing staff will encourage pregnant teens to attend the Parenting classes or other related prenatal classes that are held every month at CRHC.	X			
4. To have the MCH program staff participate in Youth Health-related health fairs throughout the year to promote DPHSS and MCH Programs services with the DPHSS centers.			X	
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b. Current Activities

The Family Planning has now a trained Clinical Preceptor for the program, to educate the staff and other health providers in updates and new policies and new standards within the Family Planning area. This Nurse Practitioner has also given an in-service to the staff on leadership of the Family Planning team.

The BFHNS and BPCS nursing staff were also involved and participated at the X Family Planning Regional Conference on May 3 to 5, 2010 on Guam. These nurses were able to get new information on new family Planning methods that assist them in educating their clients in the clinic and outreaches.

c. Plan for the Coming Year

To have the BFHNS/MCH program staff be involved in the Annual Youth 4 Youth Conference to promote Adolescent Health to present on priority adolescent's health needs.

To work with Nurse Practitioners to conduct a Adolescent Health Class within the High Schools.

To continue to work with GMHA, and work with Social worker on EPCC classes and health presentations at GDOE.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	47	48	49	49	40
Annual Indicator	30.0	30.0	31.1	13.3	16.2
Numerator	991	991	991	423	510
Denominator	3307	3307	3184	3172	3157

Data Source				DPHSS Dental program	DPHSS Dental Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	40	40	40	40	40

Notes - 2008

The Chief Dental Officer reported that their program does offer sealants to 3rd graders, because that program no longer provides that service. DPHSS Dental but are presently offering Fluoride Varnish to children attending Day Care Centers.

2007 Data entry for this measure, the BFHNS Administrator is not aware of where the data was from.

a. Last Year's Accomplishments

The BFHNS and the Bureau of Dental services have been joining forces when the BFHNS schedules any Immunization Outreach, any Health Fairs, any Agency health screenings, Homeless Health Screening outreaches and annual Children Immunization Outreaches. The Dental Services offer their "Fluoride Varnish Program" during these events. It's a preventive approach to decreasing dental decays with children 0-6 years of age. The Dentist on duty accompanies the dental staff at these outreach to assess any high-risk children and promotes Good Dental Hygiene.

The DPHSS Dental staff and 2 Dentist were able to see 14,330 clients in the only Public Health Clinic on Guam in Mangila Central Public Health Center. They see Medicaid clients, MIP clients, 0-16 years of age children for different dental services. They saw 4,932 children from 0 to 4 years, they saw 3,157 of children 5 to 9 years, and 1,762 of children 10 to 16 years of age. They encountered a total of 30,401 clients.

Though the measure deals with protective sealants they are unable to provide that service due to funding source was removed, they deal a lot with Dental Varnish.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The DPHSS Dental clinic will provide Fluoride Varnish services to all children qualified at different day cares, pre-schools, headstart and elementary schools.			X	
2. To invite the DPHSS Dental clinic staff to join the BFHNS/MCH program staff in all their monthly Village Immunization Outreaches and other community outreaches.	X			
3.				

3. The Chief Dental Officer will be a member of our MCH Task Force committee to keep the committee inform on the latest dental issues and services provided to our MCH clients.			X	
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b. Current Activities

Currently the BFHNS/MCH staff work with the Dental staff on Varnish program when attending the BFHNS Immunization outreaches.

The Dental Officer is always willing to help our the children of the DPHSS clients with whatever concerns or problems these children may have or need.

They also make referrals to other Private Dental Clinics to assist them with their acute problems.

c. Plan for the Coming Year

1. To invite the Dental program to all schedule Immunization outreaches and Health Fairs.

2. To promote Dental Hygiene to all our MCH clients and complete referral if needed.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator	0.0	0.0	0.0	16.1	4.0
Numerator	0	0	0	8	2
Denominator	49532	49606	49606	49555	49513
Data Source				Estimated from the 2000 Census of Populations Guam	Estimated from the 2000 Census
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

	2010	2011	2012	2013	2014
Annual Performance Objective	2	2	2	2	2

Notes - 2008

There is no data stated because due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total number of children age 14 and younger for 2008 were reported on time but no other data was provided at this time.

But an estimated amount of children between the ages of 14 years and younger are from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The amount of 14 years and younger deaths were not available at this time. But the children 14 years and younger were reported by Office of Highway Safety Office.

a. Last Year's Accomplishments

Child Passenger Safety training was first offered in 2001 to a select few individuals on Guam. Through the Emergency Medical Services for Children Program, Department of Public Health and Social Services, one Community Health Nurse was selected to attend this training. Ms. Marlene Carbullido was at the time was the Parent Advocate for the National EMSC program from Guam. As a parent of young special needs child, Ms. Carbullido realized the importance of safe travel for all children and has since been actively involved in the child passenger safety program. She is currently the only instructor in the field for Guam. Since then other Nurses and support staff have been certified as certified Child Passenger Safety technicians under the National Highway Transportation Safety Administration.

Since 2002, death rates from unintentional injury have slowly risen. Roughly 56 people die annually from unintentional injuries since 1994. Motor vehicle crashes and other accidents, for persons 1 through 34 years, ranked as one of the top ten leading causes of death for this age group during the period of 1994 to 2005.

Moreover, children are those that are most at risk as their bodies are still developing physically. They have softer bones, developing organs, and heavier heads in proportion to their bodies as compared to adults. This puts them at greater risk of injuries and fatalities. Studies have shown that parents can reduce the risk of death in children and injuries related to automobile crashes by properly installing and using child passenger systems.

Unintentional injuries continue to be the top ten leading causes of death in Guam in 2005 (the latest data retrieved from the Office Vital Statistics, Department of Public Health and Social Services). Motor vehicle accidents accounted for 3.7% of all deaths that occurred the same year, which puts it as the sixth leading cause of death for that year. In 2008, the Guam Police Department reported an alarming 8 fatalities among children 14 years old and below related to motor vehicle crashes. The Guam Fire Department, Emergency Medical Services, E-911, reported 965 crashes involving motor vehicle accidents for 2008.

Since 2001, the Community Health Nurses under the Bureau of Family Health and Nursing Services have been actively involved in the Child Passenger Safety Program under the Department of Public Works, Office of Highway Safety Program. The Community Health Nurse Supervisor II has been a certified child passenger safety technician since 2001. In 2007, four other community health nurses became technicians and continue to provide education and car seat inspections for the families on Guam. In addition, the Community Health Nurse Supervisor is trained in the Safe Transport of Children with Special Health Care Needs and is currently the only Child Passenger Safety Technician Instructor on Guam offering classes to first responders and other individuals charged with the safe transport of children.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to involve our BFHNS staff to participate in the various Child Passenger Safety Education sessions throughout the community, (i.e., health fairs, parent teacher conferences, school health counselor's annual conferences).				X
2. The Community Health nurses will continue to conduct Postpartum Newborn Visits within their village caseload to promote child safety awareness.		X		
3. The BFHNS staff and nurses will continue to participate with other agencies involved with the Office of Highway Safety in year round activities like, the Child Passenger Safety Trainings, Child Passenger Safety Community Education Classes with GMHA.				X
4.				
5.				
6.				
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b. Current Activities

Through an interagency partnership formed with the Guam Fire Department, the Guam Police Department, the Office of Highway Safety, Department of Public Works, and the Department of Public Health and Social Services-the members of the Highway Safety Coalition continue to provide the community with various activities for families to reduce the rate of unintentional injuries on Guam such as presentations, classes, trainings, and free car seat inspections. The community health nurses conducted classes to the nurses at the Guam Memorial Hospital and they participated in various health fairs educating families on the proper use of child restraint systems. The Community Health Nurse supervisor provided CPS classes at the Guam Community College First Responder Class and Early Childhood Development Class.

In January 2010, Public Law 26-102, known as the "Booster Seat Law", was implemented. Since then children ages 4 years old and below and 4' 9" and below are required to be restrained in a child restraint system that meets federal motor vehicle standards. Furthermore, children ages 12 years old and below are not allowed to be transported in the front passenger seat of a vehicle. In addition, it is against the law to transport children in the back of a pick up truck. The Community Health Nurses participated in media campaigns and various community awareness activities since then to assist and educate families to abide to the new requirements of the law.

c. Plan for the Coming Year

Future plans for decreasing unintentional injuries among children include collaborating with the Office of Highway Safety in extending the child passenger safety classes to the other government agencies dealing directly with children such as the Child Protective Services who often transport children under custodial care of the agency. In addition, inviting Nurses from the Guam Memorial Hospital Authority to attend the training to certify more nurses as they are involved with the discharge of children from the Pediatric ward and the Emergency room.

The Community Health Nurses plan to conduct more community outreach activities for at risk populations in the villages. These community based outreach clinics normally provide free immunizations, chronic health screenings, and family planning education and services to individuals and families in need of these services. In addition, the Bureau of Family Health and Nursing Services will provide support to the Office of Highway Safety, Department of Public Works through coalition participation thus strengthening the interagency agreements and to provide annual training in Child Passenger Safety to other agencies in the Government of Guam and in the Pacific Region. The Community Health Nurses will incorporate more child passenger safety educational sessions during office and home visits for postpartum and newborn patients. Breastfeeding, Early Prenatal Counseling, and Parenting classes will include a section on child passenger safety to reinforce existing laws and safe travel practices. The Community Health Nurse Supervisor will extend the training to the Guam Community College and the University of Guam for certificate programs and continuing education courses.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		90	90	90	50
Annual Indicator	0.0	0.0	0.0	36.1	46.4
Numerator	0	0	0	469	536
Denominator	3203	3414	3501	1298	1155
Data Source				DPHSS WIC program, BFHNS reports,Sagua Mague	DPHSS WIC program, BFHNS reports,Sagua Mague
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50

Notes - 2009

The data presented are for DPHSS WIC department.

Notes - 2008

The data presented are from DPHSS BFHNS Postpartum/Newborn Referrals from Public Health clients at Guam Memorial Hospital Authority.

a. Last Year's Accomplishments

Ms. Marlene Carbullido was at the time was the Parent Advocate for the National EMSC program from Guam. She is currently the only instructor in the field for Guam. Since then other Nurses and support staff have been certified as certified Child Passenger Safety technicians under the National Highway Transportation Safety Administration.

Children are those that are most at risk as their bodies are still developing physically. They have softer bones, developing organs, and heavier heads in proportion to their bodies as compared to adults. This puts them at greater risk of injuries and fatalities. Studies have shown that parents can reduce the risk of death in children and injuries related to automobile crashes by properly installing and using child passenger systems.

Unintentional injuries continue to be the top ten leading causes of death in Guam in 2005 (the latest data retrieved from the Office Vital Statistics, Department of Public Health and Social Services). Motor vehicle accidents accounted for 3.7% of all deaths that occurred the same year, which puts it as the sixth leading cause of death for that year. In 2008, the Guam Police Department reported an alarming 8 fatalities among children 14 years old and below related to motor vehicle crashes. The Guam Fire Department, Emergency Medical Services, E-911, reported 965 crashes involving motor vehicle accidents for 2008.

In 2009 one nurse and the CSHCN Program Coordinator III were able become technicians and continue to provide education and car seat inspections for the families on Guam. In addition, the Community Health Nurse Supervisor III is trained in the Safe Transport of Children with Special Health Care Needs and is currently the only Child Passenger Safety Technician Instructor on Guam offering classes to first responders and other individuals charged with the safe transport of children.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Coordinate the Breastfeeding Coalition meetings to provide networking amongst private clinics, government agencies, civilian and military hospital, and WIC to increase number of breastfeeding families.				X
2. Coordinate the Breastfeeding Fair annually for health exhibitors to educate families on breastfeeding.			X	
3. Provide breastfeeding training to hospital and clinic nurses and paraprofessionals to assist families in breastfeeding their babies.			X	
4. Encourage Breastfeeding educators to attend breastfeeding trainings and conferences to improve knowledge, skills, and abilities in breastfeeding.			X	X
5. Participate in the Hospital Breastfeeding Friendly Hospital Initiative Committee.			X	
6. Participate in the National Breastfeeding Coalition Conference to be held in January 2012.			X	
7. Join the International Lactation Consultants Association and other professional breastfeeding affiliated associations.				X
8.				
9.				
10.				

b. Current Activities

Through an interagency partnership formed with the Guam Fire Department, the Guam Police Department, the Office of Highway Safety, Department of Public Works, and the Department of Public Health and Social Services-the members of the Highway Safety Coalition continue to provide the community with various activities for families to reduce the rate of unintentional injuries on Guam such as presentations, classes, trainings, and free car seat inspections. The community health nurses conducted classes to the nurses at the Guam Memorial Hospital and they participated in various health fairs educating families on the proper use of child restraint systems. The Community Health Nurse supervisor provided CPS classes at the Guam Community College First Responder Class and Early Childhood Development Class.

In January 2010, Public Law 26-102, known as the "Booster Seat Law", was implemented. Since then children ages 4 years old and below and 4' 9" and below are required to be restrained in a child restraint system that meets federal motor vehicle standards. Furthermore, children ages 12 years old and below are not allowed to be transported in the front passenger seat of a vehicle. In addition, it is against the law to transport children in the back of a pick up truck. The Community Health Nurses participated in media campaigns and various community awareness activities since then to assist and educate families to abide to the new requirements of the law.

c. Plan for the Coming Year

Future plans for decreasing unintentional injuries among children include:

1. To collaborating with the Office of Highway Safety in extending the child passenger safety classes to the other government agencies dealing directly with children such as the Child Protective Services who often transport children under custodial care of the agency.
2. To invite nurses from the Guam Memorial Hospital Authority to attend the training to certify more nurses as they are involved with the discharge of children from the Pediatric ward and the Emergency room.

The Community Health Nurses plan:

1. To conduct more community outreach activities for at risk populations in the villages. These community based outreach clinics normally provide free immunizations, chronic health screenings, and family planning education and services to individuals and families in need of these services. In addition,
2. The Bureau of Family Health and Nursing Services will provide support to the Office of Highway Safety, Department of Public Works through coalition participation thus strengthening the interagency agreements and to provide annual training in Child Passenger Safety to other agencies in the Government of Guam and in the Pacific Region.
3. The Community Health Nurses will incorporate more child passenger safety educational sessions during office and home visits for postpartum and newborn patients. Breastfeeding, Early Prenatal Counseling, and Parenting classes will include a section on child passenger safety to reinforce existing laws and safe travel practices.
4. The Community Health Nurse Supervisor will extend the training to the Guam Community College and the University of Guam for certificate programs and continuing education courses.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	12	12	12	12	90
Annual Indicator	87.1	97.5	84.1	86.4	86.2

Numerator	2789	2841	2946	2994	2949
Denominator	3203	2914	3501	3466	3423
Data Source				Guam EHDI Child Link, DPHSS Office Vital Stat	Guam EHDI Child Link Program, Sagua Managu, DPHSS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	90	90	90	90	90

Notes - 2009

The Guam Early Hearing Detection and Intervention are only able to get GMHA and Sagua Mague's hearing results and are not able to get the Naval Hospital's Hearing screening results. They are working with the Naval Hospital new Commander. The total births is final from the DPHSS Vitals Statistics Office. and the results are calculated only from GMHA and Sagua Mague.

Notes - 2008

The data presented is from the Guam Early Hearing Detection and Interventions, Child Link Data Base and DPHSS Office of Vital Statistics.

The Guam total births of 3,466 which includes Naval Hospital and Sagua Mague births, but the GEHDI Child Link NB Hearing Screenings are done prior to the newborn gets discharged. The data is only from Sagua Mague and GMHA infants, the Naval Hospital infant are not included in the total number hearing screened..

a. Last Year's Accomplishments

The Guam Early Hearing Detection and Intervention (GEHDI) has been doing an excellent job in tracking all infants receive a hearing screening prior to discharge from the birthing site of by 1 month. So the collected data from July 1, 2007 through June 30, 2008 reflects screening performance for the 3-year grant cycle. The continued problem on the issue of data reporting from the U.S. Naval Hospital (USNH) continues to affect Guam's overall performance when total births are compared to total number. A Total of 8,809 infants born at GMHA and Sagua Managu, 8,686 or 98% of all infants were screened prior to discharge. And Guam has exceeded the 95% national benchmark screen rate for the 2 birth sites, however when total number of infants born on Guam and number screened is compare, the ratio is approximately 87%, far below benchmark expectation.

The GEHDI facilitated a Power Meeting that was held on August 7, 2009 with representatives in data management from GMHA, DPHSS, and the Office of the Governor of Guam to discuss issues related to the establishment of an electronic birth certificate system, particularly in view of the military build-up on Guam in next few years, a review of possible funding sources to support development, technical support that NAPHSIS could provide, and an agreement that this issue must be given priority.

The electronic linkages between Guam EHDI, GMHA, DPHSS, and Sagua Managu birthing center, so all agencies are able to see which infants were screened at GMHA and if they are

schedule for a retest or follow-up visit. So during the DPHSS CRHC Child Health clinics the nurse aids do a hearing screening to all infant under the age of 1 year. This process is done to identify any new cases and to identify if these infants under the lost to follow-up listening. This hearing screening is one way the DPHSS can assist with clients that may be lost in the system.

The BFHNS Administrator was the Vice Chairperson for the GEHDI Advisory Committee and has been attending most of the Quarterly meetings, with parents, Audiologist, Physicians, Head nurses from GMHA, Sagua Managu staff, GEHDI staff, Naval Hospital Hearing program, and Parent InformationResource Center staff. The GEHDI staff gives a progress report on the program at every meeting, discusses the latest challenges and solutions to the group, and provides positive encourage to parent at the meeting. Meeting is well attended with agendas and handouts given at all times.

Guam EHDl staff have attended a few of our Public Health fairs and they have displayed posters, brochures, pamphlets, and written information on the importance of early hearing testing and the benefits of knowing about this testing.

The GEHDI reported that from July 2009 to December 2009a total of 1,552 hearing screening test were done and it was a 95% compliance with all newborn were discharge with a hearing screening was conducted before discharge.

So Total of 2,949 infants were screened for hearing before hospital discharge in 2009 which is 86% with the total births of 3423 between GMHA and Sagua Managu and not including the Naval Hospital births.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The BFHNS Administrator will continue to Chair/CoChair the Quarterly meetings of the Guam Early Hearing Detection and Intervntion (GEHDI) Advisory Committee.			X	
2. The DPHSS Central Public Health Center will continue to provide early hearing screenings to all child health clients less than 1 year and all high-risk infants at every visit.		X		
3. To attend parent focus groups or trainings dealing with CSHCN families.		X		
4. The MCH and CSHCN staff will continue to participate with GEHDI fairs, HMHB fairs, GDOE health fairs, Family Heath Fair and Austic Association fair.and other		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The GEHD has been a very visible program in the community, because of their Media-wide posters, pamphlets, and other informational materials displayed all over the Early Childhood centers and at the hospitals. The GEHDI were visible in two at-risk immunization outreach. Promoting the importance of Early Hearing testing is the number activity.

The GEHDI also was able to provide training to the Central Public Health nurses and BPCS nures also on the lastest updat on hearing techniques. The IT of GEHDI was also able to give "hands-on-training with Child Link" training to the CHN Supervisor and other clinic nurses.

There was a parent presentation titled "Guam EHDl" Getting the Facts About Hearing Loss" that was presented at PIRC in March 2009.

The GEHDI program director is also a CORE Team member for the Project Karinu and training of early childhood mental health topics have been discussion in some meetings.

The GEHDI held Hearing Screening activities, trainings or other Health Fairs throughout the year.

c. Plan for the Coming Year

To participate in the Quarterly Advisory Committee and any meetings concerning the Child Link issues.

To provide Hearing Screenings at every Child Health scheduled visits.

To attend and participate in Hearing Screening activitiesand trainings or Health Fairs.

To attend parent group activities and trainings.

To participate with DPHSS, GEHDI, Sagua Managu, on the tracking system training with the nursing staff.

To participation with GMHA, DPHSS, and GEHDI with keying the data obtained after a child health visits at CRHC.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	13	13	13	13	50
Annual Indicator	13.7	14.3	26.2	21.7	14.3
Numerator	8752	8808	16192	14173	8918
Denominator	63850	61510	61869	65295	62276
Data Source				DPHSS: BFHNS,BPCS	DPHSS: BFHNS,BPCS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50

Notes - 2009

The projected number of number of children ages 0-18 from the 2000 Census of Population and Housing: Guam; International Programs Center, U.S. Census Bureau was 62,276. The Bureau of Statistics and Plans under the office of the Governor had no data on the number of children without any health insurance coverage for 2009. An estimate of 8,918 children without health insurance was taken from the Department's three (3) regional center, two (2) centers providing acute care and one (1) center for preventative care.

Notes - 2008

The data for total # of children without insurance were not available, but an estimate of children 1 - 18 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 51,095.from

a. Last Year's Accomplishments

Individuals lacking health insurance hinder access to preventative health care. This results to high cost of medical care because when they access health care their condition is already worse or they use the emergency room for illness that can be taken care off in a doctor's clinic at a reduced cost.

Individuals up to age 18 like the elderly population, is at risk for potential serious health problems if they are not covered with some form of health insurance. These children and adolescent will not have any immunizations or any health screenings necessary to monitor their well-being. Additionally, prenatal care is not initiated early or not at all if they become pregnant.

Moreover, individuals with health insurance but have a deductible to meet are also prone to delay treatment of illness or defer some preventative health maintenance such as immunizations because they have to pay out of their own pocket until they meet their deductibles and their insurance will pay a certain percentage as stipulated on their insurance contract.

Public Health Clinic in Mangilao provides preventative services to individuals, young and old who have no insurance coverage. Available services like prenatal care, postpartum care, immunizations, family planning, child health care, women's health care communicable diseases as well as sexually transmitted diseases are provided to clients who have no resources to pay their medical needs. The clinic staff work hand-in-hand with the medical social workers in helping these clients to apply for state or local government sponsored insurance.

For calendar year 2009, the clinic and the island wide district-nursing unit provided immunizations to 9,646 children who have no health insurance coverage. Prenatal care was given to 318 pregnant adolescent who have no means to pay if seen by private providers. In addition, 507 non-insured adolescent received services regarding treatment, counseling and education on sexually transmitted diseases. Family planning education and counseling, and barrier method of contraception specifically condoms were given to 1,259 non-insured sexually active adolescent to curtail unwanted pregnancy and spread of sexually transmitted diseases. Aside from the biannual Shriner's clinic, children with special health care needs are also seen for routine health maintenance at public health clinic and home visited by the island wide community health nurses. For 2009, 795 children with special healthcare needs received these services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To have Public Health Nurses provide healthcare services, be it in a clinic setting or in the community, to families with no health insurance coverage. 2. Continue to refer cases of uninsured clients to the medical social worker office. 3. Con	X			
2. To refer cases of uninsured clients to the medical social worker office.		X		
3. To network with the Bureau of Economic Security under Department that oversee and handle the application process for the MIP and Medicaid programs.		X		
4. To continue case finding of underserved and uninsured population by actively participating government sponsored outreaches.	X			
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The staff of the Bureau of Family Health and Nursing Services continues to operate the Central Public Health Clinic to provide health care services to clients who have no means to pay the premium of health insurance. These individual are seen by physicians, nurse practitioners and registered nurses. Licensed practical nurses and certified nurse aides assist in the delivery of care. The uninsured clients are also referred to the medical social workers for assistance in applying for the Medically Indigent Program, a government-funded health insurance and the Medicaid Program, which is a federally funded health insurance program.

Uninsured clients needing acute medical care also received services provided by the Northern Regional Community Health Center and Southern Regional Community Health Center. The two centers saw 2,540 uninsured clients' ages 0-18. These two (2) centers are federally certified community health centers. These centers have internists, pediatricians, family practitioners obstetrician and gynecologist, certified nurse midwife, nurse practitioners, registered and licensed practical nurses and certified nurse aides.

Island-wide community health nurses or the district nurses continue to go out into the community providing immunization and family planning outreaches to the underserved or uninsured population. If they are available, medical social worker also participates in these outreaches and onsite assistance is offered to the clients.

c. Plan for the Coming Year

1. To have Public Health Nurses provide healthcare services, be it in a clinic setting or in the community, to families with no health insurance coverage.
2. To refer cases of uninsured clients to the medical social worker office.
3. To network with the Bureau of Economic Security under the Department that oversee and

handle the application process for the MIP and Medicaid programs.

4. To continue case finding of underserved and uninsured population by actively participating government sponsored outreaches.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		15	15	14	20
Annual Indicator	15.4	11.0	10.3	2.2	2.6
Numerator	1587	1051	1000	137	211
Denominator	10309	9536	9744	6185	8268
Data Source				WIC Nutritional Risk Survey	WIC Nutritional Risk Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	20	20	20	20	20

Notes - 2009

Data presented from the Guam WIC Nutritional Risk Summary 2008

Notes - 2008

Data presented from the Guam WIC Nutritional Risk Summary 2008

a. Last Year's Accomplishments

A total of 256 participated at the Head Start Fitness Fair held on April 4, 2009. The fair was targeting the 0 to 5 years of age. The Fair was a screening fair. They screen your developmental level, physical ability, and health aspects of these children. At this fair the BFHNS nurses referred about 20 children to their primary provider to further their medical evaluation. Obesity was noted and referred to their provider. Counseling from the nurse were provided to continue to educate the parents on healthy nutritional teachings.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To start to work the WIC Program to coordinate services to assess the need and plan for interventions.		X		X

2. To conduct outreaches and hold at least one outreach focusing on children.		X		
3. To participate with the Headstart Program on their Annual Fitness Fair and offer screening activities.		X		
4. To represent the BFHNS/MCH Program in the Obesity Chronic Screening with children that will be held at different schools and centers around Guam.			X	
5.				
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b. Current Activities

BFHNS staff working closely with Chronic Disease Control Program in participating with the Village Fiesta Outreaches in which the bureau was able to attend 2 village fiestas health screening outreaches.

The BFHNS has been asked to join the Chronic Obesity Grant Task Force, which focused on keeping everyone on the harmful effects of Obesity. Also to encourage physical activity in your everyday life.

Continue to assist the Chronic Screening outreaches, agency screenings, and village community outreaches.

c. Plan for the Coming Year

To plan to participate with middle and high schools in chronic screening with children.

The BFHNS/MCH Staff will be an active member of the Obesity Task Force

The BFHNS will provide nursing services to all Healthy Lifestyles outreaches throughout the year.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		10	10	10	10
Annual Indicator	0.0	0.0	10.8	9.6	9.1
Numerator	0	0	379	334	311
Denominator	3203	2914	3501	3466	3423
Data Source				DPHSS Office of Vital Stats,	DPHSS Office of Vital Stats,

				GMHA,BFHNS	GMHA,BFHNS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	10	10	10	10	10

Notes - 2009

The DPHSS Vital Statistics Office only collects if the Postpartum mothers smoked after delivery, again the BFHNS nursing staff were able to collect 91 mothers smoked after giving birth. But the data from GMHA and Sagua for smoking during pregnancy was stated..

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. Only provided the total number of births of 3466,

GMHA also provided number of women who smoke during and after delivery.

a. Last Year's Accomplishments

Cancer is the second leading cause of death on Guam. The combined rates of lung and bronchus cancer are the highest in mortality rates for both male and females according to the Guam Comprehensive Cancer Control Coalition. On October 29, 2009, Bill 101 was introduced by the Guam Legislature that would require smokers to move more than 20 feet away from the entrances of public buildings. Public Law 30-63 was signed into law that bans smoking from public buildings, which is the right direction towards the health and longevity of the people of Guam. On November 6, 2009, it was reported by the Revenue & Taxation that citations were given to 29 "mom-n-pop" or small village stores after they were caught selling tobacco to minors. DMHSA assisted Rev&Tax with the inspections of 347 businesses. This was based on Guam Public Law No. 24-278 which mandates the conduct of random, unannounced tobacco vendor compliance inspections every year. On November 16, 2009, it was noted that Bill 150 was revised to double taxes on all tobacco products, which includes chewing tobacco.

Information on the 1-800 Tobacco Quitline phone number is given to all prenatal clients at DPHSS. A total of 2,669 prenatal client encounters were taught the dangers of cigarette smoking, at each clinic visit in 2009. Of the 318 new prenatal clients in 2009, there were 4 that smoked and/or chewed smokeless tobacco along with betel nut use. This was gathered during the prenatal interview clinics or Prenatal Interview & Exam Clinic encounters at the Bureau of Family Health & Nursing Services. However, 23 prenatal clients stated they were exposed to second-hand cigarette smoke from their life partners or family members. A Brief Tobacco Cessation Intervention was conducted on these clients to raise their awareness of the effects of tobacco on their fetus. Additionally, a poster presentation was conducted in the Central Region Health Center Clinic at the Mangilao DPHSS on the Dangers of Cigarette Smoking During Pregnancy to the Unborn in 2009. This included second hand smoking. A total of 22,928 client encounters saw the poster presentation. Guam is in the midst of a tobacco use epidemic. Therefore, small cards of 200 Quit line telephone numbers were given out to the Central Region Health Center clients in 2009. There were 178 prenatal clients along with 21 males that were

taught on the Dangers of Cigarette Smoking, Second Hand Smoking, Chewing Tobacco and Betel nut Use at the Bureau and Family Health's Early Prenatal Care Classes in 2009. A total of 5,515 prenatal client encounters were seen at the Northern and Southern Primary Care Centers. Their Southern Primary Care Health Center is being expanded with Tobacco Asset Back Bonds as part of their funding source.

A tabletop presentation was displayed on Smoking Cessation in the Payless Kick-the-Fat on March 21, 2009, approximately 300 constituents saw the display. On April 4, 2009, a tabletop display was displayed on Cancers of the Lung from Tobacco usage at the Barrigada Community Center Fiesta, approximately 200 saw the display. Additionally, a tabletop display on Dangers of Tobacco Use was presented at the Public Health Month Health Fair at the Micronesia Mall on April 18, 2009. Furthermore, a tabletop display for Dangers of Tobacco Use was presented at the Micronesia Mall on May 9, 2009 and at the Agana Shopping Center for Healthy Lifestyles, Healthy Generations on August 1, 2009.

In the Guam Memorial Hospital Agency, there were 394 clients at the Labor & Delivery Room who admitted to smoking during pregnancy in 2009. There were 477 live births at the Sagua Managu Birthing Center, with 22 mothers admitting to cigarette smoking. The Vital Statistics at DPHSS in 2009, reported 90 clients admitting to cigarette smoking at post partum.

Moreover, the Bureau of Family Health & Nursing Services continues to collaborate with the Department of Mental Health and Substance Abuse, DPHSS Health Education Section, Guam Memorial Hospital Authority, Sanctuary, Inc, University of Guam Student Health Center Cessation Program for staff and students, Prevention and Early Intervention Advisory Community Empowerment "PEACE Project" Tobacco Cessation, Guam Tobacco Coalition, the Salvation Army, Guam Diabetes Program, Chronic Disease Prevention and Control Program, Northern Region Care Health Clinic (NRCHC), Southern Region Care Health Clinic (SRCHC), and Sagua Managu Birthing Center.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To hold campaigns to raise awareness and education about drugs and alcohol usage during pregnancy.			X	
2. To continue to hold campaigns to raise awareness and education about smokeless tobacco and betel nut usage during pregnancy.			X	
3. To improve Public Education Efforts.				X
4. To coordinate with key partners to update policies to promote awareness activities.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Cancers of the lung and bronchus continues to be the highest on Guam. Because of this, on January 21, 2010, Bill 150 was introduced to increase taxes on cigarettes from \$1.00 to \$3.00. A pound of chewing tobacco will increase to \$14.00, from \$3.50. This bill was introduced to try to persuade smokers to quit and prevent children from starting. On January 25, 2010, Bill 150 was passed unanimously, with every one hundred cigarettes sold will be taxed \$15.00 which took effect on April 6, 2010. An article was written for the Pacific Daily News on May 10, 2010 by

Amritha Alladi on Tobacco Use Exacerbates Diabetes. Additionally, on June 1, 2010 another article was written by Dr. Annette M. David for the Pacific Daily News on Controlling the Epidemic: World No Tobacco Day highlights need to address growing rate of smoking among women. According to Dr. David an increasing number of girls on Guam in reproductive years are smoking and or also using smokeless tobacco along with betel nut.

On March 27, 2010, a tabletop presentation on the Dangers of Tobacco Use was presented at the Payless-Kick-the-Fat Fun Run, approximately 300 participants saw the display. A poster presentation on the Effects of Smoking Tobacco on the Unborn was displayed in March 2010 at the Central Region Health Center, Mangilao, Guam.

On June 21 to 25, 2010 the BFHNS sent a Community Health Nurse II and a Community Health Nurse Supervisor to a five day Tobacco Dependence Training.

c. Plan for the Coming Year

Collaborate and network with the Coalition for a Tobacco Free Guam, which includes the Department of Public Health and Social Services (DPHSS), Department of Mental Health and Substance Abuse, U.S. Naval Hospital Guam's Health Status Improvement Office, University of Guam, Guam Department of Education, Guam Environmental Protection Agency, Army National Guard Counter Drug Program, Sanctuary Incorporated, the American Cancer Society, Guam Revenue & Tax, Guam Memorial Hospital, Sagua Managu Birthing Center, Guam Environmental Health, Calvo's Health Insurance, Staywell Health Insurance and other private businesses in the community to help reduce the incidence of tobacco usage.

Conduct six outreach activities with the Guam DPHSS Chronic Disease Program in the community on the effects of tobacco/betel nut usage and preventive measures by 2011.

Improve awareness on Tobacco Cessation information to all women in their reproductive years by giving out the 1-800 Quit line.

Collaborate with existing programs to align their activities with best practices for tobacco free worksite and village/community by 2011.

Research best practice for increasing tobacco free awareness in clinics and village/community on establishing an education program for prenatal clients by 2011.

Support the Coalition for a Tobacco Free Guam and the PEACE Project in their efforts to implement their Tobacco Control Plan.

Support the Guam DPHSS in their efforts to give all prenatal clients Smoking Cessation counseling at each prenatal encounter and chart all encounters in the prenatal charts.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	40	40	40	20	5
Annual Indicator	34.9	20.4	6.6	18.7	18.4
Numerator	5	3	1	3	3

Denominator	14318	14679	15057	16066	16333
Data Source				Guam Police Department, DPHSS Vitals Stats	Guam DMHSA Peace Project
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	5	5	5

Notes - 2008

The data presented on suicide given by the Guam Police Department .

a. Last Year's Accomplishments

The "PEACE Project" with the Department of Mental Health & Substance Abuse, is a grant that was done to provide suicide prevention and promotion to Adolescent well-being. The PEACE team has been very visible to majority of youth-related activities, conferences, and health fairs.

The PEACE Project had also participated in the annual Youth-4-Youth Conference held every year for youths 12-18 years of age to promote awareness to suicide.

The data has shown for 2009, has stayed the same rate as the 2008 suicide rate. The Peace Project has been active in training within schools and Youth groups and associations.

There has been an extensive increase in outreach efforts in recent years to raise awareness about suicide in Guam. The government agencies and other organizations that have worked so hard to reach out to the various sectors of the community especially with DPHSS.

The BFHNS nursing staff continues to educate adolescent that there are other alternatives in dealing with stress over daily living concerns.

While partnering with the Department of Youth Affairs clients, staff presenting on different health topics, and providing H1N1 vaccinations. The nurses continue to promote wellness and along with Suicide awareness and prevention.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The DPHSS and the MCH providers and staff will continue to promote and provide awareness that suicide to our youths on Guam.	X			
2. To advocate for the 24 hour Hotline to our clients and community of the accessibility to anyone and it's value to our youths.		X		
3. To work with DMHSA with the Suicide grant activities to	X	X		

decrease the incidents of suicide.				
4. To start collaboration with the Department of Youth Affairs and DMHSA on getting training on signs of Suicide.		X		
5. To participate with CPA staff on future Social-Emotional Childhood Training related to Suicide Prevention.			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Guam averaged 23 suicide deaths per year with an average of about two people every month. Suicide is the fifth leading cause of death on our island. The numbers are particularly high for youths ages 25 and younger; rates for suicide attempts and thoughts about killing themselves are about twice as high as that of U.S. youths.

It's clearly a problem that all of us, as a community, must do a much better job of addressing. There has been an extensive increase in outreach efforts in recent years to raise awareness about suicide in Guam. The government agencies and other organizations that have worked so hard to reach out to the various sectors of the community have our thanks and gratitude for their efforts.

The three-year grant, "Focus on Life -- Guam Youth Suicide Prevention," runs through September 2011. The grant enabled our island, for the first time, to collect and analyze a large amount of information about the prevalence of suicide in Guam, as well as the more common factors and reasons for residents taking their own lives. The BFHNS staff are working with BOSSA staff handles the Child Protective Services to assist with this issue of Suicide.

c. Plan for the Coming Year

Of suicide to guide suicide prevention policy development are presently being introduced and implemented and the MCH program will soon be invited to the Suicide Prevention group.

To meet with partners and work with DMHSA on this grant activities and promote their services.

To work and coordinate the Clinical management of Project Karinu with the project director and medical specialist.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	50
Annual Indicator	0.0	0.0	0.0	76.1	100.0
Numerator	0	0	0	35	146
Denominator	10	10	10	46	146
Data Source				GMHA	GMHA,

Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50

Notes - 2009

The Guam Memorial Hospital Authority have a 4 warmers in a Level 3 Neonatal Intensive Care Unit. GMHA has a full time Neonatologist and so they do deliver and care for a Level 3 Unit. The data was from GMHA

Notes - 2008

Guam does not have the facilities for these very low birth weight infants or deliveries

a. Last Year's Accomplishments

GMHA does deliver infants at a level III they treat infants less than 1,500 grams and treat these infants with adequate equipment and qualified personnel. GMHA NICU can handle up to 4 newborns; cardiac monitors, ventilators, and medications.

The GMHA NICU was able to handle 146 infants less than 2,500 grams and out of the 59 newborns, there was 11 infants less than 1,500 grams with their Level 3 Nursery.

GMHA has only 4 NICU warmers and it can extend to 6 warmers but the staff can handle up to 24 weeker premies. The ventilators, warmers, IV pumps, bili lights, and medications are present and the premie can usually transfer to a Level II nursery till discharge.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To work with GMHA Nursery staff to provide data on low birth weight infants.		X		
2. To work with both GMHA and Saga Managu birthing centers to discuss this critical health issue		X		
3. Work with DPHSS Vital Statisticians for improving data collection activities.		X		
4. To promote Early Prenatal Care to pregnant clients in different settings of our monthly outreaches.	X			
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

GMHA does deliver infants at a level III they treat infants less than 1,500 grams and treated these infants with adequate equipment and qualified personnel. GMHA NICU can handle up to 4 newborns; cardiac monitors, ventilators, and medications.

The NICU nurses are about 20% all NICU certified to care for all high risk infants and any other complications. The Head nurse also is aware of all their certification and skills that may be renewed.

The newborn premie may have many different risk factors to pre-expose these infants to prematurity.

The BFHNS Administrator is also a NICU staff nurse II, with her involvement at the GMHA Nursery it helps to plan preventative activities at DPHSS.

c. Plan for the Coming Year

1. To care for these premature newborns at GMHA NICU.
2. To collect newborn data to evaluate the MCH grant measures and work with the OB Nursery Head nurse on the data and the analysis.
3. To meet with GMHA staff on different issues and concerns of Newborn Care.
4. To participate in the HMHB Task Force and HMHB Fair.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	75	75	75	75	75
Annual Indicator	62.0	0.0	0.0	32.4	74.3
Numerator	1985	0	0	1124	2543
Denominator	3203	2914	3501	3466	3423
Data Source				GMHA and DPHSS Office of Vital Statistics	GMHA and DPHSS Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	2010	2011	2012	2013	2014
Annual Performance Objective	75	75	75	75	75

Notes - 2009

Due to staff shortage at DPHSS OVS they are unable to submit the official numbers for 2009 data, so these numbers of the trimester was hand counted by a BFHNS nursing staff from the 2009 Birth Certificates.

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of women with prenatal within the first trimester. But the number of infants born in 2008 is 3,466 wqas available.

a. Last Year's Accomplishments

Early prenatal care is a key factor for promoting a healthy pregnancy outcome. Known factors that prevent early prenatal care includes: inaccessibility into clinics, transportation problem, cost, clients not realizing pregnancy until fetal movement is felt, and clients not realizing that early prenatal care is a priority.

Of the 3,423 deliveries, 2,543 (74%) initiated prenatal care in their first trimester. This is a significant increase of 42% from 2008, in which 1,124 (32%) of 3,466 deliveries initiated prenatal care in the first trimester. This could be a result of quicker follow-up visits once a pregnancy is confirmed.

NRCHC and SRCHC have accommodated all clients of the indigent population: MIP, Medicaid, and MCH clients.

Central Public Health Center provided free care to MCH, and those without health insurance coverage. Central Public Health held two pregnancy screening clinics per week.

Clients with positive UCG tests were immediately screened for MCH eligibility by the medical social worker, and given a follow-up appointment for the first prenatal exam thus allowing the client to access prenatal care. Health education on early prenatal and continued prenatal care is stressed in numerous outreach clinics and health fairs

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To provide prenatal care and early prenatal care classes to the community		X		
2. To provide prenatal care through our health centers and emphasis to these women that the importance of early prenatal care.	X			
3. The BFHNS and BPCS staff in providing outreach extended clinics that includes a MCH provider to assist these high-risk clients at at-risk location. 4.		X		
4. To collaborate with the DOE school nurses to provide UCG screening and access into prenatal clinics.		X	X	
5. To reassess prenatal services provided by the health centers for MCH, MIP, and Medicaid clients and high risk prenatal clients.				X
6. To provide prenatal health education via outreach visits and health fairs.	X			
7. To collaborate with the Pregnancy Crisis Center to refer uninsured patients DPHSS.			X	
8.				

9.				
10.				

b. Current Activities

Prenatal clinics are geographically accessible in the north (NRCHC), south (SRCHC) and central (Central Public Health) areas of the island. Public transportation has provided easier access to the health centers by making the facilities pick-up and drop-off points. Central Public Health provides free UCG screening and prenatal care for MCH eligible and uninsured clients.

Central Public Health provides two pregnancy screening clinics per week. There is a limit of 10 walk-in clients for each clinic. Once the pregnancy is confirmed, they are immediately screened for MCH eligibility and given an appointment for follow-up. Pregnant adolescents are seen regardless of health coverage. Those with medical insurance are encouraged to see their private OB physician.

Prenatal health education classes are provided by the community health nurses through the Early Prenatal Counseling Clinic (EPCC) and health fairs, such as the annual Healthy Mothers, Healthy Babies Health Fair. NRCHC and SRCHC provide an outreach extension clinic in which a physician and nurses go out to high risk areas to provide clinical services.

c. Plan for the Coming Year

1. To collaborate with the DOE school nurses to provide UCG screening and access into prenatal clinics.
2. To reassess prenatal services provided by the health centers for MCH, MIP, and Medicaid clients and high risk prenatal clients.
3. To provide prenatal health education via outreach visits and health fairs.
4. To collaborate with the Pregnancy Crisis Center to refer uninsured patients DPHSS.

D. State Performance Measures

State Performance Measure 1: *To reduce the percent of pregnant women who received no prenatal care*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		0	0	0	10
Annual Indicator	0.0	0.0	0.0	6.3	6.3
Numerator	0	0	0	218	216
Denominator	3203	2914	3501	3466	3423
Data Source				DPHSS Vitals Statistics Office and GMHA data	DPHSS Vitals Statistics Office and GMHA data
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	10	10	10	10	

Notes - 2009

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. One staff was hired recently and they are also awaiting for two new programs to be installed, training and implementation by January 2011. So the data for women with no prenatal care were not available. The total births stated from the Office of Vital Statistics was 3423. GMHA data was used as Provisional for now.

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for women with no prenatal care were not available. The total births stated from the Office of Vital Statistics was 3466.

The data on the women with no prenatal care were obtained by GMHA.

The data source used for 2007 were unknown to the BFHNS Administrator at this time.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

a. Last Year's Accomplishments

A pregnant client receiving no prenatal care is at high risk for complications for both her and her baby. Known barriers to receiving prenatal care include: inaccessibility into clinics, cost, transportation problem, prenatal client not seeing care as a priority.

In 2009, a grand total of 3,423 deliveries was reported. GMH reported that of 2,543 deliveries at GMH, 215 (.06%) did not have prenatal care. This is a decrease of 36 from 2008. This slight decrease may have been due to the Community Health Centers taking the lead in accepting the indigent prenatal case load (MIP/MAP/MCH).

Northern, Southern Community and Central Public Health centers provided Women's Health services. A total of 5, 515 prenatal clinic visits were seen at Northern/Southern Community Health Center and 1,524 visits at Central Public Health. In addition Central Public Health had a total of 1,146 walk-in prenatal clinic visits that were seen through the EPCC classes, and UCG pregnancy screening.

Numerous outreach activities to promote early and continued prenatal care were held: Health Mother, Healthy Babies Health Fair, Breastfeeding Health Fair.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. To complete a postpartum/newborn referral form for all women who did not receive No Prenatal Care prior to delivery.		X		
2. To collaborate with school health counselors to educate their students who are pregnant to get a pregnancy test or early prenatal care at the DPHSS.	X		X	
3. Provide Central Public Health Clinic with a part-time Women's Health MD. 2. 3.		X		
4. To Collaborate with prenatal providers (clinician, social workers, MIP/MAP staff), and develop strategies for clients to access prenatal care.			X	
5. To provide Early Prenatal Care Classes at the DPHSS clinics.	X			
6. To continue the Healthy Mothers and Healthy Babies Health Fair, to continue to promote early prenatal care at the DPHSS		X		
7. To provide outreach, community health education activities that promote early and continued prenatal care.			X	
8.				
9.				
10.				

b. Current Activities

Northern, Southern Community and Central Public Health provide Women's Health care services. Because of the increased prenatal caseload, Northern and Community Health Center are now limiting caseload, and referring some MIP/MAP caseload to the the OB physician in the private sector. There is presently one OB physician who began seeing MIP/MAP clients. In addition, Sagua Managu accepts MIP/MAP clients who have met a prenatal health status criteria. In 2009, they accepted 95 MIP/MAP clients. MCH caseload was referred to Central Public Health regardless of when prenatal care was initiated.

Central Public Health has a number of challenges. There is an increasing number of prenatal clients. Due to vendor payment problems, there was a period of 5 months that prenatal clients were required to incur the cost of baseline prenatal labs, pap smear, and STD screening tests, an average cost of \$200.00. Due to financial constraints, patients were not getting the tests done. Because of the increase cost of health care, future issue with free health care at Central Public Health may arise, including the inaccessibility of prenatal care. The 3 nurse practitioner provide Women's Health Services under approved medical protocols, and a new Women's Health Advisor, Dr Gabel. Although there are no physicians providing services at Central Public Health, there has been good collaboration with Northern and Southern Community Health physicians in the referral and follow-up of high risk clients

c. Plan for the Coming Year

1. Provide Central Public Health Clinic with a part-time Women's Health MD.
2. Collaborate with prenatal providers (clinician, social workers, MIP/MAP staff), and develop strategies for clients to access prenatal care.
3. Provide outreach, community health education activities that promote early and continued prenatal care.

State Performance Measure 2: *Proportion of low-income women who receive reproductive health/family planning services*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance		10	11	12	50

Objective					
Annual Indicator	9.3	9.2	7.1	38.6	41.5
Numerator	3496	3496	2723	1481	1155
Denominator	37497	37848	38178	3835	2780
Data Source				Guam Family Planning FPAR Report	Guam Family Planning FPAR Report
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	

Notes - 2009

Data on reproductive services are still unofficial from DPHSS Office of Vitals Statistics but the Guam Family Planning Program FPAR report was used as Provisional data for 2009 data.

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time.

The DPHSS had a decrease in Family Planning encounters due to nursing shortage in the BFHNS and increase activities with Disaster Nursing, outreaches, and increase in Communicable Disease referrals.

a. Last Year's Accomplishments

The Family Planning Annual Report (FPAR) was submitted and is required of all Title X Family Planning grantees for purposes of monitoring and reporting progress in program performance. The FPAR is the only source of annual uniform reporting by all Title X grantees.

Any male or female capable of becoming pregnant or causing pregnancy and whose income is at or below 250% of the federal poverty level is income eligible to receive free clinical examinations and free contraceptives through the Guam Family Planning Program. On Guam, 38,178 women were in the age bearing years of 15 through 44. Of these, 15,318 were adolescent females between the ages of 10 through 19 years of age.

The Department of Public Health and Social Services (DPHSS) three Health Centers provide Family Planning services. In 2008, the Bureau of Primary Care Health Centers (BPCS), both Northern (NCHC) and Southern (SCHC) were able to offer Women's Reproductive Health Services that include Family Planning visits. There were a total of 780 Family Planning encounters from NCHC, and 206 encounters from SCHC. The Central Region Health Center accounted to 790 family planning encounters.

The Bureau of Family Health and Nursing Services (BFHNS) Island Wide Community Health nursing staff were able to provide Family Planning services in the community through home visits, health screening clinics, and immunization outreaches totaling 2,252 male and female encounters.

The Family Planning Program was able to send two DPHSS staff, one Family Nurse Practitioner (FNP) assigned to BFHNS, and one Women's Health Nurse Practitioner (NP) from BPCS to attend the Contraceptive Technology Conference which was held in San Francisco, California from March 1 through 4, 2008.

The conference kicked off by having each Pacific Basin Family Planning Program do a presentation of their FP services. The FP/MCH Pacific Basin Annual Conference began on May 12 through May 15, 2009. It encompassed various topics ranging from what is Family Planning, Contraception, Health Education, and Sexually Transmitted Diseases/Infections. The Guam Family Planning Program was also successful to send four BFHNS staff, Nursing and Administrative personnel to attended.

The Title X Family Planning Annual conference is totally prepared and conducted by island youths. It is a certified, filed, and licensed Not-for-Profit private organization. They are presently housed at the Department of Mental Health Substance Abuse (DMHSA) under Advisory of the Prevention and Substance Abuse Unit. The Guam Family Planning Program provides training to youth facilitators in preparation for their presentation at the conference. The conference runs for three days built with a wide range of workshops covering topics such, Drugs and Alcohol, Tobacco, Family and Domestic Violence, Safe Sex, Abstinence, Sexually Transmitted Disease/Infections, Dating, and Bullying just to mention a few.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. BFHNS staff and Family Planning CP III will continue to attend outreaches and present at the Middle and High schools.			X	
2. To assure that contraceptive devices are available to adolescents without parental consen.		X		
3. To involve more males at an early age in teen prevention edfforts make programs comfortable for males.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Program continues to collaborates with the Guam Family Planning Program to increase the availability and accessibility of pregnancy testing in the public middle and high schools.

In May 2 to 5, 2010, the Guam Family Planning Program and BFHNS hosted the Site Visit and the Regional Family Planning XI Conference at the Westin Hotel. More than 110 participants attended this well organized conference that had 3 sections involved: the clinical nursing area, the health educator area, and the Financial area. All parcipants were satisfied with the knowlege they absorb from this conference.

The FP program also started ordering wfrom the 340B program, pruchasing pharmaceuticals are a resonable price to provide to our clients. Contraceptives, condoms, Depo Perva, the patch, and birth control pills wer among of some of items we ordered recently. Almost 13% of participants used a hormonal method (birth control pills, Depo-Provera, etc.) The remaining users chose an alternative method such as "rhythm", withdrawal, sponge etc. Interesting was that a little over 13% of Guam Family Planning participants used abstinence as a method of birth control.

c. Plan for the Coming Year

1. To participate at scheduled outreaches and presentations to the Department of Education Middle and High Schools.
2. To assure that contraceptive devices are available to adolescents without parental approval.
3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.
4. To involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreach targeted at young men who are not using family planning services.
5. The Title V staff and Family Planning Program Coordinator will participate at the Annual "Youth 4 Youth" Conference and coordinate activities with the Department of Youth Affairs on peer training sessions.
6. To purchase our Contraceptive Methods through the 340B Program and inform our Family Planning consultants through the year.

State Performance Measure 3: *Percent of women who use alcohol, tobacco and other drugs during pregnancy*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		5	5	5	5
Annual Indicator	14.0	0.0	0.0	11.1	10.3
Numerator	447	0	0	383	352
Denominator	3203	2914	3501	3466	3423
Data Source				DPHSS Vitals Statistics Office and GMHA data	DPHSS Vitals Statistics Office and GMHA data
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	5	5	

Notes - 2009

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. So the data for women who used alcohol, tobacco and other drugs during pregnancy were not available. The total births stated from the DPHSS Office of Vital Statistics was 3423.

Notes - 2008

The data present for the number of women who were taking alcohol, tobacco, and drugs during pregnancy were from Guam Memorial Hospital and the total births for 2008 DPHSS Office of Vital Statistics

a. Last Year's Accomplishments

Pregnant women were taught on the Effects of Smoking in 121 classes of Early Prenatal Care Classes in 2009 for the Guam DPHSS clients. A total of 200 pamphlets were issued on the dangers of cigarette smoking and tips on quitting. A total of 740 prenatal clients and their significant life partners attended. A total of 90 prenatal/postpartum clients and their significant life partners were given the 1-800-Quitline number. (FY 2009 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS) Also the information on the 1-800 Tobacco Quitline phone number is given to all pregnant clients at the Bureau of Family Health and Nursing Services, DPHSS.

A tabletop presentation was displayed on Smoking Cessation at the Paseo Payless Kick-the-Fat on March 21, 2009; Barrigada Community Center Chronic Screening on April 4, 2009; Public Health Month Health Fair at the Micronesia Mall on April 18, 2009; Healthy Lifestyles, Healthy Generations Fair at the Micronesia Mall on May 9, 2009; Healthy Lifestyle, Healthy Generations Fair at the Agana Shopping Center on August 1, 2009; Paradise Fitness Run in Hagatna on December 5, 2009. (FY 2009 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS). The collaboration and networking for 2009 was met.

A poster presentation was displayed in the Central Region Health Clinic waiting room on "Effects of the Unborn with Tobacco and Betel Nut Use" in 2009. A total of 22928 clients viewed the poster presentation. (FY 2009 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS).

Two Community Health Nurses attended the Tobacco Dependence Treatment Specialist Certification Training which was funded by the Legacy Foundation at the Sony Building, Tamuning, Guam. This was the first training for Guam, conducted by the Arizona State University Tobacco Dependence Treatment instructors.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To hold campaigns to raise awareness and education about drugs and alcohol usage during pregnancy.			X	
2. To coordinate with key partners to update policies to promote awareness activities.			X	
3. To continue to have Bureau of Family Health & Nursing Services staff emphasize the importance of not smoking, using illicit drugs or alcohol during pregnancy at all Maternal Child Health Clinics, Community Outreach Clinics and Home Visitations.		X		
4. To educate all clients in the Central Region Health Center, Community Outreach Clinics and Home Visitations on the 1-800 Quit line.				X
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities

On July 8, 2010, acting Governor Mike Cruz signed Bill 389 into law to raise the legal drinking age from 18 to 21 years old. Additionally, he signed into law two bills that limits the sale of alcohol between the hours of 2:00am and 8:00am. Moreover, the military base, Andersen Air Force Base followed their alcohol consumption policies immediately after the new laws.

Non-smoking women are affected by second hand smoke on Guam, based on a report by Dr. Annette M. David on June 1, 2010, Pacific Daily News article. It was reported that 31% of men are smokers. Additionally, a news article by Amritha Alladi in the Pacific Daily News on May 10, 2010, reported that women and men on Guam have genetic predispositions on developing Type II Diabetes. According to the International Diabetes Federation, smoking increases the incidence, mortality and morbidity of women and men.

c. Plan for the Coming Year

Collaborate and network with the Coalition for a Tobacco Free Guam, which includes the Department of Public Health and Social Services (DPHSS), Department of Mental Health and Substance Abuse, U.S. Naval Hospital Guam's Health Status Improvement Office, University of Guam, Guam Department of Education, Guam Environmental Protection Agency, Army National Guard Counter Drug Program, Sanctuary Incorporated, the American Cancer Society, Guam Revenue & Tax, Guam Memorial Hospital, Sagua Managu Birthing Center, Guam Environmental Health, Calvo's Health Insurance, Staywell Health Insurance and other private businesses in the community to help reduce the incidence of tobacco usage.

Conduct six outreach activities with the Guam DPHSS Chronic Disease Program in the community on the effects of tobacco/betel nut, alcohol and illicit drug usage and preventive measures by 2011.

Improve awareness on Tobacco Cessation information to all women in their reproductive years by giving out the 1-800 Quit line.

Collaborate with existing programs to align their activities with best practices for tobacco free worksite and village/community by 2011.

Research best practice for increasing tobacco-free, alcohol-free and illicit drug abuse preventive measures in clinics and outreach village/community, by establishing protocols/policies on educational program for prenatal clients by 2011.

Support the Coalition for a Tobacco Free Guam and the PEACE Project in their efforts to implement their Tobacco Control Plan.

Support the Guam DPHSS in their efforts to give all prenatal clients Smoking Cessation counseling at each prenatal encounter and chart all encounters in the prenatal charts.

Increase awareness of all women during their reproductive years, of community programs, such as Alcohol Drug Prevention, AL-ANON, Alcoholics Anonymous, Crisis Hotline, Emergency Shelters, MADD, Drug & Alcohol Treatment Center.

State Performance Measure 4: *Percent of children younger than 18 years maltreated/neglected.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	5
Annual Indicator	3.0	2.8	2.9	1.3	2.9
Numerator	1941	1808	1851	817	1915
Denominator	63850	63850	63850	65295	65333
Data Source				DPHSS Child Protective Services	DPHSS Child Protective Services
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	5	5	

Notes - 2009

The DPHSS Division of Public Welfare, Bureau of Social Services Administration, manages the Child Protective Services, and they were able to obtain this data of this measure for children younger than 18 years maltreated/neglect for 2009.

Notes - 2008

The Vital Statistics Section of the Department of Public Health and Social Services was unable to provide a complete statistical report to the MCH Program. The Office of Vitals Statistics is still experiencing a shortage of staff and were not able to key in data from June 2006 to 2008, and so the data need with this performance is not available at this time..

Obtained some data from the YRBS survey done on Guam's youth in 2007.

a. Last Year's Accomplishments

Child abuse and neglect are preventable, yet each year in the U.S. close to one million children is confirmed victims of child maltreatment. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social and cognitive. For many children, these effects extend far beyond childhood into adolescence and adulthood, potentially compromising their lifetime productivity.

Child Protective Services (CPS) of the Department of Public Health and Social Services reported that in 2009 there was 2,160 referrals received.

CPS received referrals dealing with physical abuse, sexual abuse, emotional abuse, and "Other" referrals which includes teenage pregnancy, children at risk due to drug usage by parents/caretakers, family violence, alcohol abuse by parents/caretakers, teen suicide, teen runaways and other court ordered assessments.

Rape continues to increase within the family. The number of arrests for offenses against the family and children shows a dramatic increase of 187 in 1996 to 583 reported in 2005. Comparison of 2001 and 2005 data on sex offenses and rape shows a decrease in arrests from 4 to 3 arrests for sex offenses and a decrease from 115 to 93 arrests for rape. The Department of Law reported 92 family violence felony cases.

The Youth Risk Behavior Surveillance in 2007 reported that, 13.3% of students had been hit, slapped, or physically hurt on purpose by their boyfriend/girlfriend. The prevalence of dating

violence was higher among 11th grade (17.1%) and 12th grade (15.6%) than 9th grade (10.9%) and 10th grade (10.5%) students. And almost thirteen percent (12.9%) of students had been physically forced to have sexual intercourse when they did not want to. Overall, the prevalence of having been forced to have sex was higher among female (17.7%) students than male (8.8%) students. The prevalence of having been forced to have sexual intercourse was higher among 11th grade (16.2%) than 9th grade (11.1%) and 10th grade (13.6%) students.

Several DPHSS are part-time providers for the Crisis Center and provide awareness to staff and emphasis need information when assessing clients at-risk for abuse or neglect. Partnership with this program creates a unique involvement in this delicate issue of Child abuse.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To work with GDOE School Health Counselors in networking on potential students at-risk for child abuse or neglect.		X		
2. To expand the relationship with BFHNS/MCH program and Bureau of Social Services (OSSA) /Child Protective Services (CPS) with the educating others on the signs of child abuse and neglect.		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Child Protective Services (CPS) of the Department of Public Health and Social Services reported that in 2009 there was 2,160 referrals, and 1,593 were dealing with 0 to 18 years of age of Children on Guam, and 567 wer dealing with children 0 to 5 yeras of age.

CPS received referrals dealing with physical abuse, sexual abuse, emotional abuse, neglect referrals and "Other" referrals which includes teenage pregnancy, children at risk due to drug usage by parents/caretakers, family violence, alcohol abuse by parents/caretakers, teen suicide, teen runaways and other court ordered assessments.

The DPHSS was rewarded with a 8.3 million grant dealing with the Early Childhood Mental Health grant dealing with children 0 to 5 years of age and it is focused to the Public Health area.

List of activiivties that the DPHSS, Bueau of Social Services staff have been participating with

- Women's and Children's Health Conference in January 31, 2009 that delt with health screening in chिल्dre, childhood Obesity and Advances in Diagnostic Imaging for women, children and diabetes,
- Parental Skills/ Discipline Training on February 16,2009.
- a Social Worker II attended a workshop that helps professionals working with parents to

promote positive and effective parenting behaviors or promote children's social and emotional development.

- Supervisors and Social workers attended the Second Annual Systems of Care Conference to strengthen the Family's knowledge.

-

c. Plan for the Coming Year

To continue partnership with the BOSSA with the DPHSS to educate the BFHNS nursing staff on Child Abuse and Neglect updates and review the signs and symptoms on potential children at-risk of abuse.

To work with DOE School Health Counselors on networking on potential students at-risk for child abuse or neglect or other abuses.

To review the Child Protective Services Referral for any changes that need to be revised or corrected.

To continue to participate with Outreach activities to increase the awareness and public education/prevention services in coordination with community partners on child abuse and neglect.

To continue with the partnership with BOSSA in their Annual Child Abuse Awareness Health Fairs.

To continue to participate in the Early Childhood Mental Health Fair and DMHSA Annual Systems of Care Conference.

To collaborate with other programs and agencies in training with early childhood mental health systems of care with emphasis on the Public Health Approach.

State Performance Measure 5: *The prevalence of partner violence in adolescent relationships*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		0	0	0	0
Annual Indicator	0.0	8.5	10.0	8.7	8.7
Numerator	0	1248	1500	149	149
Denominator	14318	14679	15057	1716	1716
Data Source				2007 Guam YRBS results,	2007 Guam YRBS results
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	

Notes - 2009

The data for partner violence presented were from the 2007 YRBS done on Guam high school students . But in 2009 YRBS wasn't used and so the data is not changed from 2008 data..

Notes - 2008

The data presented were from the 2007 YRBS done on Guam high school students.
The 2007 data the BFHNS are unaware of the source of the data

a. Last Year's Accomplishments

Child abuse and neglect are preventable, yet each year in the U.S. close to one million children is confirmed victims of child maltreatment. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social and cognitive. For many children, these effects extend far beyond childhood into adolescence and adulthood, potentially compromising their lifetime productivity.

Rape continues to increase within the family. The number of arrests for offenses against the family and children shows a dramatic increase of 187 in 1996 to 583 reported in 2005. Comparison of 2001 and 2005 data on sex offenses and rape shows a decrease in arrests from 4 to 3 arrests for sex offenses and a decrease from 115 to 93 arrests for rape. The Department of Law reported 92 family violence felony cases.

The Youth Risk Behavior Surveillance in 2007 reported that, 13.3% of students had been hit, slapped, or physically hurt on purpose by their boyfriend/girlfriend. The prevalence of dating violence was higher among 11th grade (17.1%) and 12th grade (15.6%) than 9th grade (10.9%) and 10th grade (10.5%) students. And almost thirteen percent (12.9%) of students had been physically forced to have sexual intercourse when they did not want to. Overall, the prevalence of having been forced to have sex was higher among female (17.7%) students than male (8.8%) students. The prevalence of having been forced to have sexual intercourse was higher among 11th grade (16.2%) than 9th grade (11.1%) and 10th grade (13.6%) students.

Several DPHSS are part-time providers for the Crisis Center and provide awareness to staff and emphasis need information when assessing clients at-risk for abuse or neglect. Partnership with this program creates a unique involvement in this delicate issue of Child abuse.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To schedule and conduct outreach to provide awareness of partner violence in GDOE middle and high schools.		X		
2. To have our Nurse Practitioners educate on hazardous of adolescent partner violence in relationships during the Annual Youth-4= Youth Conference.			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Child Protective Services (CPS) of the Department of Public Health and Social Services reported that in 2007 there was 2,391 referrals received and 1,808 children were the subjects of those reports. And in 2009, a total of children that were reported to CPS ages (0-18) were 1,915 and within that number a total number of children reported to CPS ages (0-5 years of age) were 567 children.

CPS received referrals dealing with physical abuse, sexual abuse, emotional abuse, neglect referrals and "Other" referrals which includes teenage pregnancy, children at risk due to drug usage by parents/caretakers, family violence, alcohol abuse by parents/caretakers, teen suicide, teen runaways and other court ordered assessments.

The Healing Hearts Crisis Center has moved into their newly built facilities in Tamuning, close proximately to GMHA and Guam Mental Health Substance Abuse. The Center is Guam's only rape crisis center, conducted 93 examinations. Eighty (80) were for females and 13 were conducted for males; of these cases, 44 were acute rape examinations and 26 non-acute rape exams were conducted.

c. Plan for the Coming Year

To continue partnership with the BOSSA with the DPHSS to educate the BFHNS nursing staff on Child Abuse and Neglect updates and review the signs and symptoms on potential children at-risk of abuse.

To work with DOE School Health Counselors on networking on potential students at-risk for child abuse or neglect or other abuses.

To review the Child Protective Services Referral for any changes that need to be revised or corrected.

State Performance Measure 6: *The percent of high school students who have engaged in sexual intercourse***Tracking Performance Measures**

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		0	0	0	5
Annual Indicator		8.4	0.0	47.6	47.6

Numerator		1229	0	689	689
Denominator		14679	15057	1446	1446
Data Source				2007 Guam's YRBS results	2007 Guam's YRBS results
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	5	5	

Notes - 2009

The data for high school who have engaged in sexual intercourse measure that was presented were from the 2007 YRBS done on Guam high school students . But in 2009 YRBS wasn't used and so the data is not changed from 2008 data..

Notes - 2008

The 2008 data presented is from the YRBS in 2007 among Guam high school students.

The data presented in 2007, the BFHNS Administrator is not aware of where the data source was taken.

a. Last Year's Accomplishments

According to the Guam Youth Risk Behavior Survey, the percentage of total students who reported ever having sexual intercourse was 45%. Sixteen percent (16%) of all students who ever had sex reported having 4 or more sexual partners more males than females reported having multiple sexual partners. Those who reported having more sexual partners in the last three months as 29.9%

Dramatic biological changes and new sexual feelings are normal parts of adolescent development. Among the most difficult choices facing adolescents are the decisions concerning responsible sexual behavior. Sexual pressures during the teen years are not new.

What has changed for today's youth is a mix of conflicting biological and societal forces. Today's adolescents are entering puberty earlier and marrying later. They are doing so in an atmosphere of access to contraceptives, divorce, births to unwed mothers and awareness of sexually transmitted diseases. Moreover, media images of sexual behavior are most pervasive, yet largely silent concerning the risks of too early sexual activity or unintended pregnancy and sexually transmitted diseases. They are ambivalent at best about abstinence and contraceptives.

Any male or female capable of becoming pregnant or causing pregnancy whose income is at or below 250% federal poverty level is income eligible to receive free clinical examinations and free contraceptives through the Guam Family Planning Program. On Guam 38,178 women were in the age bearing years of 15 through 44. Of these, 15,318 were adolescent females between the ages of 10 through 19 years of age.

Many students are pressured to be cool by having sex early, peer pressure is a very big factor in our youths today because they are doing things that their friend want them to do but their not ready yet but they are scared that they not be liked after the fact.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To organize schedule to visit the different Middle and High School Health Education presentations and promote the effects of having intercourse early.		X		
2. To assure that contraceptive devices are available to adolescents without parental consent during clinic appointments.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Submission of the Family Planning Annual Report (FPAR) is required of all Title X Family Planning grantees for purposes of monitoring and reporting progress in program performance. The FPAR is the only source of annual uniform reporting by all Title X grantees.

For 2007, there were 2,158 clients or a difference of -- 47.62% from 2006 data that was reported.

c. Plan for the Coming Year

To continue outreaches and presentations on Adolescent Health issues to the Middle and High Schools.

To assure that contraceptive devices are available to adolescents without parental approval.3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.

To involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreach targeted at young men who are not using family planning services.

State Performance Measure 7: *The percent of high school students who are overweight***Tracking Performance Measures**

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		5	5	5	5
Annual Indicator	0.0	8.4	10.0	11.9	11.9
Numerator	0	1235	1500	172	172
Denominator	14318	14679	15057	1446	1446
Data Source				Guam YRBS results	Guam YRBS results

Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	5	5	

Notes - 2009

The DPHSS WIC program wasn't able to give the official report with the children dealing with overweight for 2009.

Notes - 2008

The data presented for 2008 was from the 2007 YRBS to the high school students from Guam

The data used is unknown to the BFHNS Administrator and also the data source is known at this moment.

a. Last Year's Accomplishments

Dramatic increases in childhood obesity have occurred in recent decades. Childhood obesity has a profound effect on physical, mental, emotional and social development of children.

Furthermore, childhood obesity is associated with developing into adult obesity.

Nutrition is essential for growth and development, health and well being, behaviors to promote good health should start early in life with breastfeeding and continue through life with the development of healthful eating habits.

On Guam, 22.1% students who answered the questions in Youth Risk Behavior Surveillance believed that they were overweight. The prevalence of being "overweight" was higher among female (27.3%) than the male (22.1%) students.

Over half of the students surveyed (63.3%) were trying to lose weight. Overall, the prevalence of students trying to lose weight was higher among female (58.2%) than male (39.9%) students. During the 30 days preceding the survey, 41.3% of students had eaten less food, fewer calories or foods low in fat to lose weight or to keep from gaining weight.

During the 30 days preceding the survey, 8.2% of students had taken diet pills, powders or liquids without doctor's advice to lose weight or to keep from gaining weight. As expected, the prevalence of having taken diet pills, powders or liquids was higher among female (10.1%) students than male (6.1%) students.

Nine (9.2%) percent of students had vomited or taken laxatives to lose weight or to keep from gaining weight during the 30 days preceding the survey. Overall, the prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight was higher among female (9.5%) than male (8.8%) students.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To provide Chronic Screening activities during any youth-related activity		X		
2. To promote healthy nutrition to all children while being		X		

immunized in the clinics and outreaches.				
3. To provide pamphlets to all adolescents encounter to promote awareness on Obesity Among Teens.	X		X	
4. To work with the WIC Educators to conduct presentations to different schools that at-risk for obesity at Health Classes in Middle and High Schools around Guam.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The BFHNS District Nurse have been present in the annual Headstart Fitness Fair and they are usually involve with the Height and Weight activity. So they too are aware of the latest issue on obesity with young children. This year's fair they had over 20 referrals to see their primary care provider for their results that these children are at-risk for obesity.

c. Plan for the Coming Year

1. The program will continue to investigate and cultivate partnerships with advocacy organizations to effectively meet needs and opportunities for families and children.
2. MCH social workers will provide family support services which may include providing assistance and culturally appropriate education to families with children that will enable families to acquire skills necessary to access needed medical and support services.
3. Staff will continue to collaborate with agency partners that will work on opportunities for youth.
4. The MCH Program staff will work with Chronic Screening Program on developing screening activities for children at risk for Obesity within the community.
5. To work collaborative with Chronic Disease Program on activities related to Youth fitness and screening.

State Performance Measure 8: Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		48	48	48	90

Annual Indicator	41.2	79.0	81.6	91.6	85.9
Numerator	562	562	1000	1602	1483
Denominator	1364	711	1225	1748	1726
Data Source				CSHCN Registry	CSHCN Registry
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	90	90	90	90	

Notes - 2009

The 2009 data presented for this measure of CSHCN with complete immunizations are from the DPHSS MCH program CSHCN Registry.

Notes - 2008

The 2008 data presented is from the Guam's CSHCN Registry.

The 2007 data used is known to BFHNS Administrator and the source of the data is also unknown.

a. Last Year's Accomplishments

During June 2009, a medical team from the Shriners Hospital for Children in Hawaii held an outreach clinic on Guam. On the first of June, the team held a clinic at the office of a private provider in which patients were seen. On June 4 through June 8, an outreach clinic was held at the Central Public Health located in Mangilao. During this time, 305 children were seen. In total, 295 children received consultation and evaluation services.

In addition to the Shriners Clinic, a certified orthotics specialist conducted a Shriners Orthotics Clinic. Thirty-five patients were provided consultation, evaluation and follow-up on the use of assistive devices.

Prior to the clinics, all records for the children that will be seen are evaluated to see 1) what kind of documents are needed; 2) are there any lab tests that must be done prior to the child's visit and 3) are the immunizations up-to-date. The Immunization card is xeroxed to have put into the medical record.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To offer Immunization outreaches during most CSHCN activities and clinics.		X		
2. The MCH Program provided direct health care services through immunization outreaches.			X	
3. The BFHNS will offer Walk-In Immunizations nursing services at the Central Public Health Center twice a week from 8-10am and 1-3pm every week.	X			
4. To conduct monthly Village Immunization Outreaches to reach the at-risk population throughout the island.	X			

5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Two Specialty Clinics were offered this year 2010: the Shriner's Outreach Clinic on January 12-15, 2010, and on June 12-25, 2010, a total of 466 children was seen and their immunization records were reviewed by the BFHNS nursing staff. The coloration of the tow programs provided Health maintence and orthopedic assessments.

Immunizations are a vital part of every primary and preventive care visit. In 2007, nurses at the Central Public Health immunized 6,656 children and administered 14, 360 doses.

In addition, the EPDST Program has actively worked to ensure that children participating in the program receive complete immunizations by age two (2). The providers immunize children.

The Guam Immunization program have been actively training the DPHSS nursing staff to input the immunization consent forms to their new WEBIZ program and since it started we have been getting more accurate data from the children's shot record.

c. Plan for the Coming Year

1. MCH CSHCN staff will continue to participate in inter and intra agency committees, trainings and workgroups which focus on improving access to services for CSHCN.
2. MCH CSHCN will continue to support access to specialists and sub-specialists through the use of telemedicine and specialty outreach clinics.
3. MCH CSHCN staff will continue to work with programs such as Guam Early Intervention Services, Project Tinituhon and Guam Public School System to provide services and increase access to resources that may act as a safety net for CSHCN and their families.
4. The BFHNS staff will continue to assist the Guam Immunization Program's Child Immunization Activities with both Special Needs children and Islan-wide children.
5. To continue to get training from the Guam Immunization program on the updates of the vaccines and immunizations.

E. Health Status Indicators

Introduction

The Guam Department of Public Health and Social Services and the MCH Program together has gathered these health status indicators ranging from, birth rates, low infant birth rates, life birth

wieghts of less than 1,500 grams, death rates with children, infants, death rates involved to unintentional injuries, to nonfatal injuries due to motor vehicle crashes, to number of women with STDs, and to live births to women of all ages.

The data on Form 20 provides a quick snapshot of the birth outcomes, injuries and sexually transmitted diseases for the island of Guam. This data is useful to differnt programs on Guam dealing with Maternal Child programs, clinic, actiiviities, and agaencies. These program coordinators, providers, nurse managers, health educators and planners; look at overall trends, similarties of different population groups, identify problems within age group, review research on these indicators, and ananalysis the data carefully. Depending on the area they deal with, work to plan solutions, revise or develop new policies, and plan for increase activities to meet with different programs to link data collection system.

Data presented on Form 21 are the demographic data that provide another piece of information when evaluating the demographics of those populations that might need more targeted intervention by the Title V Program, could improve in gather this important data element, as well as providing trend data.

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	9.1	0.0	0.9	13.0	13.0
Numerator	291	0	30	452	445
Denominator	3203	2914	3501	3466	3423
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009

The total births for 2009 and total number of Infants less than 2,500 grams were both from DPHSS OVS.

Notes - 2008

Data used for the infants less than 2,500 grams are from Guam Memorial Hospital Authority and the data on 2008 total births are from the DPHSS Vital Statistics Office.

Notes - 2007

The Community Health Centers are using Health Pro data to measure first trimester entry into prenatal care. In 2006, 11.6% of pregnant women received care in the first trimester of their pregnancy; this is down from 13.5% and 14.8% for the years 2004 and 2005 respectively. Women from the Federated States of Micronesia had an entry rate of 9.2% for 2005 and 10.2 in 2006. The Community Health Centers anticipates that because of a part-time OB/GYN physician working additional hours there will be a gradual increase in the percent of women.

Narrative:

The Guam Public Health, the Guam Community Health Centers, and MCH Program have been always promoting Early Prenatal care with all clinic and outreach encounters. Spreading with the

word of mouth has always seemed to strengthen our commitment to promote early prenatal care and prevention of premature births.

Guam Memorial Hospital recorded 59 newborns having a birth weight of less than 2,500 grams newborns born and Sagua Managu Birthing Centers of reporting 1 newborn less than 2,500 grams. The incidence has increased but again there are many reasons why mothers are delivering their babies too early. Many stressors may be affecting pregnant women in their social, emotional, financial, and physical factors. Smoking, increase stress with everyday life, increase blood pressure, and decrease support system can all be a part of pregnant client early or premature births.

The BFHNS has again held a Healthy Mothers and Healthy Babies Fair to promote healthy lifestyles to a successful healthily newborn beginning. The BFHNS district nurses and the Bureau of Primary Care Services (Community Health Centers) in reaching out to the community with their Extended Clinics involving a Family Practice Provider to assess Women, Child, and Infants that may need to be assessed for at-risk factors and then provide services and information needed to get proper prenatal care.

The MCH Program has had another annual Healthy Mothers Health Babies Fair, has co-partnership with the Family Health Fair, Child Immunization Outreach, Mental Health Awareness Fair, Youth-4-Youth Conference. Public Health Awareness Health Fair, Homeless Health Fair, and Healthy Lifestyles Health Screenings held at different village fiestas and shopping centers.

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	8.1	0.0	0.9	13.3	12.8
Numerator	257	0	30	462	438
Denominator	3158	2914	3501	3466	3423
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final

Notes - 2009

The total births for 2009 and total number of Infants less than 2,500 grams were both from DPHSS OVS.

Notes - 2008

Data used for the infants less than 2,500 grams are from Guam Memorial Hospital Authority and the data on 2008 total births are from the DPHSS Vital Statistics Office.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding

or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

The Maternal Child Health (MCH) Program has been providing clinic appointment to women with no insurance for prenatal care to women without insurance. The Family Practice physicians, the Nurse Midwives, Women's and Family Nurse Practitioners, and Child Health Nurse Practitioners are excellent providers that have time communicate what programs or care is best for all their clients that they provide prenatal care.

With Guam's growing Economy and Military Build up the more do need to provide more clinic programs; these may be factors that might have influence to have premature births.

The BFHNS has again held a Healthy Mothers and Healthy Babies Fair to promote healthy lifestyles to a successful Healthy newborn beginning. The BFHNS district nurses and the Bureau of Primary Care Services (Community Health Centers) in reaching out to the community with their Extended Clinics involving a Family Practice Provider to assess Women, Child, and Infants that may need to be assessed for at-risk factors and then provide services and information needed to get proper prenatal care.

The MCH Program has participated in other activities for instance; the Family Health Fair, Child Immunization Outreach activities, the Child Mental Health Awareness Fair, the Youth-4-Youth Conference. the Public Health Awareness Health Fair, the Homeless Health Fair, and the monthly Healthy Life Styles Health Screenings at different village fiestas.

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	1.5	0.0	0.4	0.6	0.7
Numerator	47	0	15	20	23
Denominator	3203	2914	3501	3466	3423
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

The total births for 2009 and total number of Infants less than 1,500 grams were both from DPHSS OVS.

Notes - 2008

Data used for the infants less than 1,500 grams are from Guam Memorial Hospital Authority and the data on 2008 total births are from the DPHSS Vital Statistics Office.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

The Guam Memorial Hospital Authority has a Level 3 Neonatal Intense Care Unit that can occupy 6 newborns. So these 23 newborn weighing at less than 1,500 grams were placed in that unit. These 23 newborn infants were a part of the 445 total count of infants born to less than 2,500 grams newborn. The admission of 23 newborns born with a weight less than 1,500 grams has increased, and it is demonstrating that early prenatal care can be accessible and that many pregnant women are more aware of the importance of Early Prenatal Care. Last year there were 20 infants born < than 1,500 grams and this year we had 23 less infants born < 1,500 grams.

Many women who get pregnant know that the Department of Public Health Centers provides Early Prenatal Care with the help of the MCH Program. The DPHSS Medical Social Workers help assist these clients in getting their appointments, attending Early Prenatal classes, Breastfeeding classes, and Parenting classes during their prenatal care appointments, and assist them in obtaining Public Assistances, WIC services and Health Insurances.

More awareness and more information are getting out there for Early Prenatal Care that can be obtained at all the Guam Public Health and Community Health Centers depending on your insurance status. Posters were distributed to every Mayor's Office, stores, Public Health Offices, Outreaches, Malls, and Clinics to inform the public about Prenatal Care services at the DPHSS.

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	1.3	0.0	0.4	0.6	0.6
Numerator	40	0	15	20	19
Denominator	3158	2914	3501	3466	3423
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years					

is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final

Notes - 2009

.The total births for 2009 and total number of Infants less than 1,500 grams were both from DPHSS OVS.

Notes - 2008

Data used for the infants less than 1,500 grams are from Guam Memorial Hospital Authority and the data on 2008 total births are from the DPHSS Vital Statistics Office.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported on time but no other data was provided at this time.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

The DPHSS Maternal Child Health Program has been more visible to the community to provide awareness of the program's goals and objectives for Early Prenatal Care. The Community Health Centers have increased their Medical Providers to help in providing prenatal care to insured and underinsured population and the Central Public Health Center has also provided prenatal care to clients with no health insurance.

Our Providers are Nurse Midwife, Obstetrician, Family Practice, and Nurse Practitioners have been obtaining updated Care through off-island conferences within the MCH programs. Keeping a breast with the latest updates and new research has always been the forefront of the MCH providers.

The increase with infants less than 1,500 grams in 2009, there was an increase that was seen has unusual event but it maybe that these pregnant mothers didn't have health insurance or we're able to get prenatal care on time. The Guam MCH program and other health providers need to analysis the data and discuss what issues may have cause this increase and how can we help. The MCH program staff should work with other health care providers and programs to promote early prenatal care. Announce to DOE School Health Counselors, the PIRC staff, the Head start program, the Mayor's Office, the GMHA Pediatric and OB/GYN Physicians Meetings, and all outreach activities. Work with BPCS to increase awareness at their Extended Clinics throughout the year at different at-risk communities and BFHNS monthly Village Immunization Outreaches.

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	4.0	2.0	4.0
Numerator	0	0	2	1	2
Denominator	49532	49606	49606	49555	49513
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

There is no data stated because due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. One staff was hired recently and their will be two programs installed to be implemented by January 2011. But total number of children age 14 and younger for 2009 were not reported on time at this time. But an estimated amount of child age 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,513.

But the number of unintentional injuries with children 14 years and younger were reported from by the Guam Police Department Highway Division.were 2 but it is still Provisional data.

Notes - 2008

There is no data stated because due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total number of children age 14 and younger for 2008 were not reported on time at this time. But an estimated amount of child age 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

But the number of unintentional injuries with children 14 years and younger were reported from by the EMSC Office were 5 but it is still Provisional data.

Notes - 2007

The death data for 2007 was hand counted, however, the cause of death was not.

Narrative:

The data from 2009 indicated the death rate per 100,000 if children age 14 years and younger was 2, due to unintentional injuries. This data showed that Guam had increased in the deathrate

of children under 14 years that were related to intentional injuries.

Since 2001 until the present year 2010, the Community Health Nurses under the Bureau of Family Health and Nursing Services have been actively involved in the Child Passenger Safety Program under the Department of Public Works, Office of Highway Safety Program. The Community Health Nurse Supervisor II has been a certified child passenger safety technician since 2001. In 2007, four other community health nurses became technicians and continue to provide education and car seat inspections for the families on Guam. In addition, the Community Health Nurse Supervisor is trained in the Safe Transport of Children with Special Health Care Needs and is currently the only Child Passenger Safety Technician Instructor on Guam offering classes to first responders and other individuals charged with the safe transport of children.

Through an interagency partnership formed with the Guam Fire Department, the Guam Police Department, the Office of Highway Safety, Department of Public Works, and the Department of Public Health and Social Services-the members of the Highway Safety Coalition continue to provide the community with various activities for families to reduce the rate of unintentional injuries on Guam such as presentations, classes, trainings, and free car seat inspections. The community health nurses conducted classes to the nurses at the Guam Memorial Hospital and they participated in various health fairs educating families on the proper use of child restraint systems.

In January 2010, Public Law 26-102, known as the "Booster Seat Law", was implemented. Since then children ages 4 years old and below and 4' 9" and below are required to be restrained in a child restraint system that meets federal motor vehicle standards. Furthermore, children ages 12 years old and below are not allowed to be transported in the front passenger seat of a vehicle. In addition, it is against the law to transport children in the back of a pickup truck. The Community Health Nurses participated in media campaigns and various community awareness activities since then to assist and educate families to abide to the new requirements of the law.

Future plans for decreasing unintentional injuries among children include collaborating with the Office of Highway Safety in extending the child passenger safety classes to the other government agencies dealing directly with children such as the Child Protective Services who often transport children under custodial care of the agency. In addition, inviting Nurses from the Guam Memorial Hospital Authority to attend the training to certify more nurses as they are involved with the discharge of children from the Pediatric ward and the Emergency room.

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	4.0
Numerator	0	0	0	0	2
Denominator	49532	49606	49606	49555	49513
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

There is no data stated because due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. One staff was hired recently and funding was available to buy two programs STEVE and EVE to be implemented by January 2011. But total number of children age 14 and younger for 2009 were not reported on time. But an estimated amount of children 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,513.

The Department of Public Works Division of Highway Safety Statistics reported a total of 2 children died were younger the age of 14 years and younger were reported from motor vehicle crashes.

The data is still Provisional

Notes - 2008

There is no data stated because due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total number of children age 14 and younger for 2008 were not reported on time. But an estimated amount of children 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 28,934.

The Department of Public Works Division of Highway Safety Statistics reported a total of 8 children died were younger the age of 14 years and younger were reported from motor vehicle crashes.

The data is still Provisional

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

The DPHSS and the MCH program are now being involved with the Guam Police Department, Fire Department, the Office of Guam Highway Safety, the WIC program, the Guam CEDDARS program, the PIRC (Parent Information Resource Center), the Head start Program, and the EMS programs. To assist in having the public aware of the Car Seat Law passed and enforced since January 1, 2010. This law was addressed because Guam has a high increase of incidents with children riding inside the bed of a truck and not using a car seats or Buster Chairs while in the care.

Also the Office of Highway Safety has made a commercial on Cross walk Safety, Bike Safety, and Traffic Safety rules. this commercial included the Department of Public Health Director, the

Director for Public Works, a Senator, a parent and child, the Lt. Governor and finally the Governor of Guam to make a point the "Safety of our Children is our First Priority".

So with this awareness and Laws hopefully will make a difference with this 4.1% death rate will decrease with these initiatives of traffic safety.

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	6.6
Numerator	0	0	0	0	2
Denominator	26702	27461	27461	28934	30394
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and funding was available to buy two programs STEVE and EVE to be implemented by January 2011.

So the data for total number of youths aged 15 to 24 years of age were not available at this time. But an estimated amount of youths between the ages of 15-24 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 30,394.

The DPW Office of Highway Safety did not have the data available at this time. BFHNS was able to create a Memo was sent out in March to inform them what data can be collected and when the data is due.

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 15 to 24 years of age were not available at this time. But an estimated amount of youths between the ages of 15-24 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 28,934.

The DPW Office of Highway Safety did not have the data available at this time. Next year BFHNS will establish a Memo to be sent out in January to inform them what data can be collected and when the due date is set on, to obtain that data from them.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for

the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

Guam has always placed our island children first and foremost regarding their safety, health, and well-being. The Governor has signed Laws and Executive Orders to safe guard our children. The youths are in a development level to test their skills and decisions to explore their goals and future abilities for life. So the Laws were added on the increase Drinking Age to 21. This law took effect on July 7, 2010. The Child Car Passenger Safety (Car Seats) were started beginning the new year, January 1, 2010.

The death rate of unintentional injuries due to motor vehicle crashes of 2009 was 6.5% and this is extremely high for a small family-oriented community. Parents are getting careless and sometimes leave their older child to care for their younger siblings and that leaves the parents less time to spend time to teaching safety laws and practices to their children.

The BFHNS, Guam Police, Guam Fire Department, and DPW Office of Highway Safety is fully committed in the protecting the lives of our young population, the future leaders of our island community. This networking partnership is critical in keeping our island children safe and educated in vehicular and road safety.

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	4.0
Numerator	0	0	0	0	2
Denominator	49532	49606	49606	49555	49513
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. One staff was hired recently and me. So the data for total number of children aged 14 years and younger were not available at this time. But an estimated amount of children 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,513.

The DPW Office of Highway Safety, Guam Police Department, EMC Office, and Guam Fire Department did not have the data available at this time.

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children aged 14 years and younger were not available at this time. But an estimated amount of children 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The DPW Office of Highway Safety, Guam Police Department, EMC Office, and Guam Fire Department did not have the data available at this time. Plan for year BFHNS Office will establish a Memo to be sent out in January o to inform them what data can be collected and when the due date is set on, to obtain that data from them for the neext Annual Report.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

The rate of all nonfatal injuries among children age 14 years and younger rose to 4.0% as compared to last year's 0%. This is truly an alarming rate and the MCH Program has sought out active collaboration with our private and public schools, our island Mayor's offices, and the Youth-to-Youth Organizations to highten awareness regarding this concern. The Youth-for-Youth Organization conducts an annual conference each year in April to bring together teenagers ages 10-17 years old from Guam, the FSM, the two Republics of Marshall Islands, Palau, and the CNMI to share their concerns regarding their population. This forum provides an avenue for the youths to disseminate information and also provide training in coping with overwhelming stressors brought about by society.

Island leaders are invited to speak on issues regarding laws affecting them; policy makers (members of the Legislature), lawmakers, educators, and other agencies (i.e. Guam National Guard) to prepare them regarding the career intrests. Our society is influenced by many factors, and these factors assist the adolescent to make their choices to make a good decision. In this regard, it is crucial to equip them with important and accurate information to ensure they make sound decisions for themselves. Parents, both mother and father needs to evaluate their children's behaviors constantly to identify shortfalls or lack of interest to enble them to stay focus in achieving their goals.

The DPHSS and BFHNS are making every effort to promote and instil positive behaviors for all our children on Guam.

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	49532	49606	49606	49555	49513
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. One staff was hired recently and funding was available to buy two programs STEVE and EVE to be implemented by January 2011.

So the data for total number of children aged 14 years and younger were not available at this time. But an estimated amount of children 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,513.

The DPW Office of Highway Safety, Guam Police Department, EMS Office, and Guam Fire Department did not have the data available at this time.

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 14 years and younger were not available at this time. But an estimated amount of youths ages of 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The DPW Office of Highway Safety, Guam Police Department, EMC Office, and Guam Fire Department did not have the data available at this time. Plan for year BFHNS Office will establish a Memo to be sent out in January to inform them what data can be collected and when the due date is set on, to obtain that data from them for the next Annual Report.

Also 2008 total number of youth of 14 years and younger, due to the recent transfer of the MCH Program Coordinator IV, the present BFHNS Administrator is unaware where the PC IV obtained even with the statement of the Staff Shortage of the Office of Vital Statistics.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding

or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

In 2009 the Guam Police Department reported that there were no non fatal injuries reported due to motor vehicle crashes among children age 14 and younger. This 0 rating is excellent for Guam because we have no injuries with 0-14 years of age dealing motor vehicle crashes. But the GPD Officer reported that there were 3,052 motor vehicle crashes that happen in 2009 and out of those crashes approximately 1/3 of them involved children between 1 to 18 years. Also the data is still provisional because this is one data element that is not collected by some of the Guam's programs.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	19.7
Numerator	0	0	0	0	6
Denominator	26702	27461	27461	28934	30394
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. One staff was hired recently and funding was available to buy two programs STEVE and EVE to be implemented by January 2011.

So the data for total number of children aged 15 -24 years were not available at this time. But an estimated amount of children 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 30,394.

The DPW Office of Highway Safety, Guam Police Department, EMC Office, and Guam Fire Department did not have the data available at this time.

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital

Statistics at this time. So the data for total number of youths aged 15 - 24 years of age were not available at this time. But an estimated amount of youths between the ages of 15 - 24 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 28,934.

The DPW Office of Highway Safety, Guam Police Department, EMC Office, and Guam Fire Department did not have the data available at this time. Plan for year BFHNS Office will establish a Memo to be sent out in January to inform them what data can be collected and when the due date is set on, to obtain that data from them for the next Annual Report.

Also 2008 total number of youth of 15 - 24 years of age, due to the recent transfer of the MCH Program Coordinator IV, the present BFHNS Administrator is unaware where the PC IV obtained even with the statement of the Staff Shortage of the Office of Vital Statistics.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

The result of the rate of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years was 19.7 an increased from last year of 0.0 rate of Adolescent.. Again the BFHNS administrator and GPH, Head Start program, and Office of Vital Statistisc, have been working with these different programs to network with each other to promote car Safety and Sae Driving.

Through an interagency partnership formed with the Guam Fire Department, the Guam Police Department, the Office of Highway Safety, Department of Public Works, and the Department of Public Health and Social Services-the members of the Highway Safety Coalition continue to provide the community with various activities for families to reduce the rate of unintentional injuries on Guam such as presentations, classes, trainings, and free car seat inspections. The community health nurses conducted classes to the the nurses at the Guam Memorial Hospital and they participated in various health fairs educating families on the proper use of child restraint systems.

In January 2010, Public Law 26-102, known as the "Booster Seat Law", was implemented. Since then children ages 4 years old and below and 4' 9" and below are required to be restrained in a child restraint system that meets federal motor vehicle standards. Furthermore, children ages 12 years old and below are not allowed to be transported in the front passenger seat of a vehicle. In addition, it is against the law to transport children in the back of a pick up truck. The Community Health Nurses participated in media campaigns and various community awareness activities since then to assist and educate families to abide to the new requirements of the law.

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	52.9	0.0	47.4	19.8	17.3
Numerator	231	0	213	150	133
Denominator	4365	4496	4496	7587	7700
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. One staff was hired recently and funding for two programs STEVE and EVE will be implemented by January 2011.

So the data for total number of women 15-9 years of age were not available at this time. But an estimated amount of women between the ages of 15-19 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 7,700.

The number of Chlamydia reported for 2009 in women were 515 cases from the DPHSS BCDC STD/HIV Program Reportable Cases Report.
Data is still Provisional

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of women 15-9 years of age were not available at this time. But an estimated amount of women between the ages of 15-19 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 7,587.

The number of Chlamydia reported for 2008 in women were 578 cases from the DPHSS BCDC STD/HIV Program Reportable Cases Report. The report could not break down the Chlamydia by ages so we could not state it on the data field. So the data is still Provisional.

Notes - 2007

The numerator is both male and female cases.

Narrative:

Chlamydia and other STDs is a persistent concern in our community. Has oresented on this measure the rate per 1,000 women 15 through 19 years with reported case of chlamydia was 17.3 and the 2008 rate was 19.8. There was a 2.5 percent decrease in women contract chlamydia between 15 through 19 years. There was a total of 655 reported cases of females with chlamydia. This was a decrease of 35 females with chlamydia in 2008. Of the 655 females with Chlamydia, 140 (21%) were ages 15-19 years old. This was a slight decrease of 17 females ages 15-19 years old with reported Chlamydia in 2008.

The MCH program works closely with the Bureau of Communicable Disease STD/HIV program in providing the clinical services needed for assessment, screening, treatment and education. Northern, Southern Community Health and Central Public Health centers offer these services free of charge. Central Public Health provides 2 clinics per week for screening, evaluation and treatment of STD clients.

In October 2009, the STD/HIV program initiated self-vaginal test kits to screen for chlamydia and gonorrhea. These test kits gave women, especially the adolescent female, another option for specimen collection that was less intrusive and more private. There were 88 vaginal swab test kits issued out from October to December 2009. The urine specimen collection was also offered to screen for gonorrhea and chlamydia.

The Guahan Project is Guam's only non-profit AIDS organization. Through the Guahan project several video/ tv ads regarding STD/HIV were developed and shown in local television stations. The Guahan project also has a resource center that provides educational materials on STD/HIV education. Other health education health fairs were presented providing information on prevention and available services.

Northern, Southern Community Health and Central Public Health Centers continue to provide clinic services for the clients needing STD services.

The CDC Immunization Program with the collaboration of STD/HIV and MCH programs have initiated a preventive vaccination project. Twinrix, a combination of Hepatitis A and Hepatitis B is given to high risk individuals, i.e. same sex partners, multiple sex partners.

The MCh program will collaborate with school nurses in providing adolescents with convenient STD test kits, provide educational information on STD prevention and services in outreach activities, and health fairs, and also provide updated training to staff and clinicians regarding STD/HIV issues.

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	15.8	0.0	14.4	18.7	11.6
Numerator	594	0	546	578	362
Denominator	37497	37848	37848	30932	31129
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. One staff was hired recently and two programs funded to help with Birth certificates and data collection were purchased called STEVE and EVE to be implemented this January 2011.

So the data for total number of women 20 - 44 years of age were not available at this time. But an estimated amount of women between the ages of 20 - 44 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, 31,129.

The number of Chlamydia reported for 2008 in women were 362 cases from the DPHSS BCDC STD/HIV Program Reportable Cases Report

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of women 20 - 44 years of age were not available at this time. But an estimated amount of women between the ages of 20 - 44 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, 30,932.

The number of Chlamydia reported for 2008 in women were 578 cases from the DPHSS BCDC STD/HIV Program Reportable Cases Report.

Notes - 2007

The numerator is male and female cases.

Narrative:

The 2009 rate of women aged 20 through 44 years with a reported case of chlamydia was 11.6, this was a 6.9 decrease from 2008 rate of 18.7. The DPHSS STD/HIV program working closely again with the BPCS which oversees the two Community Health Centers, Family Planning program, and the MCH program to improve identifying at-risk populations, provide treatment and care more available to these clients, and provide preventative presentations throughout Guam.

Again the STD/HIV program work positively together with the GUAHAN Project to keep the public aware of the programs services and prevention activities that are available to the community.

The statistics from the STD/HIV program showed that the age group of 20 to 24 years with a reported case of chlamydia is the highest age group with 25 to 29 years has the 3rd highest, the 30 to 39 years at the 4th highest, and the 40 to 49 years has the 6th highest age group with reported Chlamydia in 2009.

Sexually transmitted diseases is a concern of the community. The data shows that there were a total of 437 (67%) women ages 20-40 years old who tested positive for Chlamydia in 2009. This was a decrease of 65 chlamydia cases from 2008.

The Northern, Southern Community Health and Central Public Health Center provides free STD/HIV screening, treatment and education. Self-vaginal and urine collection test kits are provided for clients requesting a more private, less intrusive exam. In addition, a vaccination project to vaccinate high risk individuals for TWINRIX (Hepatitis A and Hepatitis B) was started this September.

Central Public Health provides 2 clinics per week, which are provided by nurse practitioners. A nurse practitioner from Central Public Health provided home visits with an STD caseworker, to provide treatment for clients who had difficulty coming to the clinic.

These are a few activities that MCH program will be involved with: 1) to provide more outreach clinical activities, home visits for evaluation and treatment of STD, 2) to develop data collection specifically for this age group, 3) to provide outreach, health fair activities that educate the community on STD prevention and available services.

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	3180	140	30	0	686	1610	681	33
Children 1 through 4	13801	516	120	0	3094	7104	2838	129
Children 5 through 9	16578	680	30	0	4034	8299	3271	264
Children 10 through 14	15858	644	80	0	4181	7840	2904	209
Children 15 through 19	19262	5951	100	0	3836	6863	2364	148
Children 20 through 24	75503	3853	660	0	18942	37329	13713	1006
Children 0 through 24	144182	11784	1020	0	34773	69045	25771	1789

Notes - 2011

..For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for Infant 1 to years and their ethnicity are unavailable at this time.

But an estimated total of infants 0 -1 year of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,950.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for Infant 1 to years and their ethnicity are unavailable at this time.

But an estimated total of children 1 to 4 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 16,098.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for children from 5 to 9 years and their ethnicity are unavailable at this time.

But an estimated total of children 5 to 9 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 16,969.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for children from 10 to 14 years and their ethnicity are unavailable at this time.

But an estimated total of children 10 to 14 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 16,561..

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for children from 15 to 19 years and their ethnicity are unavailable at this time.

But an estimated total of children 15 to 19 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,820..

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for young adults from 20 to 24 years and their ethnicity are unavailable at this time.

But an estimated total of young adults from 20 to 24 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 13,833.

Narrative:

Due to the staff Shortage at the Office of Vital statistics atDPHSS, we are unable to obtain this information for this reporting year of 2009. The estimated total population of 0 to 24 years according to the 2000 Census of Population and Housing: Guam, U.S. Cinsus Bureau, it would be 78,489. Ethnicity is not all collected by all programs. So the final or the Official Population of 0 to 24 years is not available.

The population of Guam is increase with the Military Build-up starting to see a more personnel throughout the island, the increase of Federate States of America citizens living on Guam, and increase of teenage pregnancy noted, and increaswe of residents from the mainland returning back to Guam.

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	3189	0	0
Children 1 through 4	13801	0	0
Children 5 through 9	16578	0	0
Children 10 through 14	15858	0	0
Children 15 through 19	13906	0	0
Children 20 through 24	12171	0	0
Children 0 through 24	75503	0	0

Notes - 2011

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the MCH program will be using the data of 2007 for both parts of A and B because of the 2009 data is unavailable for this reporting period..

But an estimated total of infants from 0 to 1 year of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,950.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for Infant 1 to years and their ethnicity are unavailable at this time.

But an estimated total of children 1 to 4 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 16,098.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for children from 5 to 9 years and their ethnicity are unavailable at this time.

But an estimated total of children 5 to 9 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 16,969.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for children from 10 to 14 years and their ethnicity are unavailable at this time.

But an estimated total of children 10 to 14 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 16,561..

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for children from 15 to 19 years and their ethnicity are unavailable at this time.

But an estimated total of children 15 to 19 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,820..

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for young adults from 20 to 24 years and their ethnicity are unavailable at this time.

But an estimated total of young adults from 20 to 24 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 13,833.

Narrative:

The Guam DPHSS again does not the have the final Population count of the final count of children o to 24 years that are not Hispanic or Latino, Hispanic or Latino ethnicity, and ethnicity not reported or documented for 2009.

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Total live births								

Women < 15	5	0	0	0	0	0	0	5
Women 15 through 17	117	0	0	0	0	0	0	117
Women 18 through 19	233	0	0	0	0	0	0	233
Women 20 through 34	2564	0	0	0	0	0	0	2564
Women 35 or older	504	0	0	0	0	0	0	504
Women of all ages	3423	0	0	0	0	0	0	3423

Notes - 2011

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (OVS) is due to the lack of personnel and data system that supports electronic birth certificate.

But the 2009 report Total Live Births from the OVS was 3,423 live births, but the data on women less than 15 years of age who gave birth in 2009 and their ethnicity are not available at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system that supports electronic birth certificate.

But the 2009 report Total Live Births from the GOVS was 3,423 live births, but the data on women between 15 to 17 years of age who gave birth in 2009 was 121 women was hand counted by GOVS staff. But their ethnicity are not available at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system that supports electronic birth certificate.

But the 2009 report Total Live Births from the GOVS was 3,423 live births, but the data on women between 18 to 19 years of age who gave birth in 2009 and their ethnicity are not available at this time.

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But the 2009 report Total Live Births from the GOVS was 3,423 live births, but the data on women between 20 to 34 years of age who gave birth in 2009 and their ethnicity are not available at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system that supports electronic birth certificate.

But the 2009 report Total Live Births from the GOVS was 3,423 live births, but the data on women 35 and older who gave birth in 2009 and their ethnicity are not available at this time.

Narrative:

The DPHSS Office of Vitals Staistics has not completed their data collection of the total population for 2009, but we have an unofficial count of women 15 - 17 years who gave birth in 2009 of 121 women. The other years are not counted yet due to the Office's staff shortage.

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Total live births			
Women < 15	0	0	5
Women 15 through 17	0	0	117
Women 18 through 19	0	0	233
Women 20 through 34	0	0	2564
Women 35 or older	0	0	504
Women of all ages	0	0	3423

Notes - 2011

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system that supports electronic birth certificate.

But the 2009 report Total Live Births from the GOVS was 3,423 live births, but the data on women less than 15 years of age who gave birth in 2009 and their ethnicity are not available at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system that supports electronic birth certificate.

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But the 2009 report Total Live Births from the GOVS was 3,423 live births, but the data on women between 18 to 19 years of age who gave birth in 2009 and their ethnicity are not available at this time.

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But the 2009 report Total Live Births from the GOVS was 3,423 live births, but the data on women 35 and older who gave birth in 2009 and their ethnicity are not available at this time.

Narrative:

The DPHSS Office of Vital Statistics, WIC Office, MCH Program, the State Medicaid Office, and Guam Census has not collected this information. These programs are planning to obtain a data system to implement this data element into a standard data system that can link to other data sources.

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	34	1	0	0	0	33	0	0
Children 1 through 4	8	4	0	0	0	4	0	0
Children 5 through 9	3	0	0	0	0	3	0	0
Children 10 through 14	10	5	0	0	1	4	0	0
Children 15 through 19	17	1	1	0	3	12	0	0
Children 20 through 24	83	3	1	0	14	65	0	0
Children 0 through 24	155	14	2	0	18	121	0	0

Notes - 2011

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for Infant 0 to 1 year and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for Infant 1 to 4 years and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for children 5 to 9 years and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for children 10 to 14 years and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.
So the data for children 15 to 19 years and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.
So the data for young adults 20 to 24 years and their ethnicity are unavailable at this time.

Narrative:

The DPHSS Office of Vital Statistics have a staffing shortage to input data at this time for 2009 statistics. The total children deaths are not calculated yet, data is only provisional for 2009 reporting year.

Health Status Indicators 08B: Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	42	0	0
Children 1 through 4	4	0	0
Children 5 through 9	3	0	0
Children 10 through 14	5	0	0
Children 15 through 19	16	0	0
Children 20 through 24	63	0	0
Children 0 through 24	133	0	0

Notes - 2011

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.
So the data for Infant 0 to 1 year and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.
So the data for Infant 1 to 4 years and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.
So the data for children 5 to 9 years and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and

data system tat supports electronic birth certificate.
So the data for children 10 to 14 years and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.
So the data for children 15 to 19 years and their ethnicity are unavailable at this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.
So the data for young adults 20 to 24 years and their ethnicity are unavailable at this time.

Narrative:

The DPHSS Office of Vital Statistics does not have this data element collected but the 2000 Census of Population and Housing, Guam, U.S. Census Bureau has an estimated projection of these age groups:
Infants 0-1 is 178,287, Children 1 through 4 is 15,983, Children 5-9 is 15,969, Children 10 to 14 is 16,561, Children 15-19 years is 15,820, Children 20-24 years is 13,833, and Children 20-24 years is 12,101 years. But again there is no ethnicity collected by other programs but still awaiting the Final calculation or Official count is not available at this time for 2009 data.

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	65300	451	36	0	15822	48991	0	0	2009
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Number enrolled in Medicaid	30928	366	43	18	3457	26034	200	810	2009
Number enrolled in SCHIP	30928	366	43	18	3457	26034	200	810	2009
Number living in foster home care	196	15	0	0	26	155	0	0	2009
Number enrolled in food stamp program		0	0	0	0	0	0	0	2009
Number enrolled in WIC	18268	1041	534	0	5333	11360	0	0	2009

Rate (per 100,000) of juvenile crime arrests	622.0	25.0	4.0	0.0	115.0	478.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	21.0	2.0	0.0	0.0	6.0	13.0	0.0	0.0	2009

Notes - 2011

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for Infant 1 to 19 years and their ethnicity are unoffical at this time.

But an estimated total of children 1 to 19 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 31,592.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for total percent of Single Parent and their race is not availableat this time.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for total percent of the TANF families and their ethnicity is unavailable at this time, but will do research this data with Division of Public Welfare.

The DPHSS Division of Public Welfare, Bureau of Health Care Financing Adminisrtration, Bureau Administrator was able to give the MCH Program the 2009 Medicaid participates.

The DPHSS Division of Public Welfare, Bureau of Health Care Financing Adminisrtration, Bureau Administrator was not able to give the MCH Program the 2009 estimated or unoffical of SCHIP participants at this time.

The DPHSS Division of Public Welfare, Bureau of Health Care Financing Adminisrtration, Bureau Administrator was not able to give the MCH Program the 2009 estimated or unoffical number of enrollees of the Food Stamp program at this time.

DPHSS WIC program provided the MCH program the total number of WIC enrollees of 18,268 but again their ethnicity numbers are unoffical 2009 data.

Thw 2007 Uniform Crime Report provided a total number of juvenile Offenders in Guam, and reported a total of 622 juveniles comitted were arested, but their ethnicity numbers are unoffical for this reporting period.

The Guam Department of Education gave the MCH program an unoffical total number of drop outs for 2009 was 21.

Guam MCH program were able to get the toal number of Foster Home Care participants from the DPHSS Bureau of Social Services, Child Protective Services for 2009.

Narrative:

this table has some data that was collected by the State Medicaid Office with Ethnicity but this only from that Medicaid Office. The DPHSS Office of Vital Statistics does not have an Official

data calculation for these data elements stated for 2009 and also the Office of Vital Statistics still experiencing a staff shortage for data inputting.

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity.*
(Demographics)

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
Miscellaneous Data BY HISPANIC ETHNICITY				
All children 0 through 19	65091	22	187	2009
Percent in household headed by single parent	0.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	2009
Number enrolled in Medicaid	25589	61	25339	2009
Number enrolled in SCHIP	25589	61	25339	2009
Number living in foster home care	190	1	5	2009
Number enrolled in food stamp program	0	0	0	2009
Number enrolled in WIC	18001	45	222	2009
Rate (per 100,000) of juvenile crime arrests	602.0	0.0	3.0	2009
Percentage of high school drop-outs (grade 9 through 12)	21.0	2.0	18.0	2009

Notes - 2011

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for Infant 1 to 19 years and their ethnicity are unoffical at this time.

But an estimated total of children 1 to 19 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 31,592.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for total percent of Single Parent and their race is not availableat this time. But will work with the DPHSS Division of Public Welfare on this data.

For 2009 data we are unable to obtain it data and the main reason for the delay in the annual reporting from the DPHSS Office of Vital Statistics (GOVS) is due to the lack of personnel and data system tat supports electronic birth certificate.

So the data for total percent of the TANF families and their ethnicity is unavailable at this time, but will do research this data with Division of Public Welfare.

The DPHSS Division of Public Welfare, Bureau of Health Care Financing Adminisrtration, Bureau Administrator was able to give the MCH Program the 2009 Medicaid participates.

The DPHSS Division of Public Welfare, Bureau of Health Care Financing Administration, Bureau Administrator was not able to give the MCH Program the 2009 estimated or unofficial of SCHIP participants at this time.

The DPHSS Division of Public Welfare, Bureau of Health Care Financing Administration, Bureau Administrator was not able to give the MCH Program the 2009 estimated or unofficial number of enrollees of the Food Stamp program at this time.

DPHSS WIC program provided the MCH program the total number of WIC enrollees of 18,268 but again they could not provide us with their official ethnicity for 2009 data.

The 2007 Uniform Crime Report, from the Guam Police Department provided a total number of juvenile Offenders in Guam, and reported a total of 622 juveniles committed were arrested, but their ethnicity is not official for this reporting period.

The Guam Department of Education gave the MCH program an unofficial total number of drop outs for 2009 was 21.

Guam MCH program were able to get the total number of Foster Home Care participants from the DPHSS Bureau of Social Services, Child Protective Services for 2009.

Narrative:

These data elements are not all available at this reporting period for 2009. Some data were available from the DPHSS Division of Public Welfare, Bureau of Health Care Financing Administrator (Medicaid Office) for the total number of participants by gender, age, village, and ethnicity. The data from the WIC Program only had the total clients enrolled to the WIC program and there was no stats on their ethnicity. The number of school drop outs were also unofficial from the Department of Education for 2009.

The DPHSS MCH Program will invite these different programs; Medicaid program Department of Youth Affairs, WIC program Food Stamps bureau, and the Bureau of Planning to the MCH Task Force membership to discuss on Data, data collection systems we all have and what are their future plans with Data Collection System.

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	0
Living in urban areas	0
Living in rural areas	65333
Living in frontier areas	0
Total - all children 0 through 19	65333

Notes - 2011

Guam is an island in the Pacific Ocean, it is a territory of the United States. Guam is not a State, Guam has 26 villages and has no Major cities. So the MCH program considers Guam to closely related to a Rural area for this reporting period of 2009.

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Narrative:

The island Guam is a U.S. Territory located in the Western Pacific rgion. Guam is the largest island of the Marianas island chain! The island is approximately 225 square miles, approximately 30 miles long and 4 to 8 miles wide. Mojority of the island is within the definition of a rural area and total of all children aged 0 to 19 years are 65333 on Guam.

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	178287.0
Percent Below: 50% of poverty	0.0
100% of poverty	0.0
200% of poverty	0.0

Notes - 2011

The estimated population for 2009 by the 2000 Census of population and Housing Guam, Internation Programs Center, U.S. Census Bureau, was 178.287.

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Narrative:

According to the Administrator of the Bureau of Health Care Financing Administration the estimated total population for Guam in 2009 it was 183,080 people. But there no available data collected to estimate the number of people at the below 50% poverty level, the number of people in the 100% poverty level and the number of people at the 200% pverty level at the reporting year of 2009.

The MCH Nursing Administrator will set emeetings with the Division of Public Welfare to discuss

how we can work together in getting these data elements for the upcoming reporting year of 2009.

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	16266.0
Percent Below: 50% of poverty	0.0
100% of poverty	65.0
200% of poverty	0.0

Notes - 2011

The estimated population for 2009 by the 2000 Census of population and Housing Guam, Internation Programs Center, U.S. Census Bureau, was 178,287. Estimated children 0 to 19 years according to 2000 U.S. Census is 16,266.

The estimated population for 2009 by the 2000 Census of population and Housing Guam, Internation Programs Center, U.S. Census Bureau, was 178,287.

The estimated population for 2009 by the 2000 Census of population and Housing Guam, Internation Programs Center, U.S. Census Bureau, was 178,287.

The DPHSS DPW BHCF reported in order to eligible for the Medicaid program and SCHIP program the participants must be in the area of 100% poverty level to be enrolled.

The estimated population for 2009 by the 2000 Census of population and Housing Guam, Internation Programs Center, U.S. Census Bureau, was 178,287.

Narrative:

According to the Administrator of the Bureau of Health Care Financing Administration the estimated total population for Guam in 2009 it was 653,333 people. But there no available data collected to estimate the number of people at the below 50% poverty level, the number of people in the 100% poverty level and the number of people at the 200% poverty level at the reporting year of 2009.

The MCH Nursing Administrator will set meetings with the Division of Public Welfare to discuss how we can work together in getting these data elements for the upcoming reporting year of 2009.

F. Other Program Activities

The MCH program has been involved in many activities with other programs and organizations on Guam. The "Homeless Point in Time" Count was held on January 18, 2010. This event was an island-wide count of the homeless population throughout the villages. The BFHNS has been an active partner with the Homeless Coalition since 2008, other organization involved were the Salvation Army, the Guam Housing Rural Housing Agency, the University of Guam, Department of Mental Health & Substance Abuse, Mayor's Counsel, the Veteran's Affairs, Sanutary Inc,

Department of Labor and the Catholic Social Services. Also this Homeless Coalition is chaired by the First Lady of Guam, Mrs. Joann Camacho. This activity assisted the bureau and the MCH program, to assess the homeless population that is within the Community Health Nurses caseloads. So the Count had our nurses as Team Leaders because they know the island, and they know their clients and families. Starting at 4am in the morning the staff briefly interviewed these homeless individuals with a team of different agencies, at different parts of the island. The Total Count was about 1,010 homeless individuals were identified and interviewed.

And major activity was the Project Karinu, which is the Early Childhood Mental Health grant will help our children and families on Guam. Working with this grant has given the bureau an insight on Mental Health issues with the population of 0 to 5 years of age. When working with the parents of these young children, not only providing them with child health services but also assist them with social and emotional services. This project has opened our minds and senses, on how delicate this area really is, and working with families as a Systems of Care. These concepts of; Wrap Around Concept, Mental Health in Early Childhood and Parent Mentors. Working with families and parents is one valuable contribution that the Department enjoys networking with and also learns from the most.

The Project Bisita I Familia is the BFHNS newest grant obtained and icurrently working on the Needs Assessment. This grant brings the two projects together, Project Karinu and Project Tinitahon, because they bring the children and their families together, with the nurses/parent mentors in one room, to work out the Early Childhood issues and solutions. Working on a common goal together with a family focus plan and interventions.

Another program that we work with daily is the Chronic Disease and Prevention Program that we are looking forward to work with, on the Obesity Prevention program. Providing screening for at-risk children with BMI activities and early counseling to prevent obesity to our young children on Guam. Providing Immunizations and screening does give the BFHNS more assessment on what our community needs to focus on and to promote for a healthy community.

An attachment is included in this section.

G. Technical Assistance

The Technical Assistance that the Guam MCH Program would like to address is:

1. TA with the more knowledge on Newborn Screening diagnosis and treatments of these children.
2. TA with the coordinator's responsibility in the relationship of tracking the infants, the treatment, and the policy making with the Newborn Screening.
3. TA with the Data collection techniques, analysis of the data, and the interpretation of the data needed in the MCH Program.
4. TA on Grant Writing when writing for the Application of the Maternal and Child Health Grant.
5. Ta on how to understand and work with the Medicaid Program, Food stamp Program, and Other areas within the Public Assistance Program.

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2009		FY 2010		FY 2011	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1. Federal Allocation (Line1, Form 2)	750806	750806	763197		769826	
2. Unobligated Balance (Line2, Form 2)	0	0	0		0	
3. State Funds (Line3, Form 2)	337283	337283	572398		578998	
4. Local MCH Funds (Line4, Form 2)	0	0	0		0	
5. Other Funds (Line5, Form 2)	0	0	0		0	
6. Program Income (Line6, Form 2)	0	0	0		0	
7. Subtotal	1088089	1088089	1335595		1348824	
8. Other Federal Funds (Line10, Form 2)	0	0	0		0	
9. Total (Line11, Form 2)	1088089	1088089	1335595		1348824	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2009		FY 2010		FY 2011	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	210942	210942	411567		442347	
b. Infants < 1 year old	210943	210943	228959		147449	
c. Children 1 to 22 years old	230968	230968	332551		393198	
d. Children with	326427	326427	228959		230948	

Special Healthcare Needs						
e. Others	0	0	0		0	
f. Administration	108809	108809	133559		134882	
g. SUBTOTAL	1088089	1088089	1335595		1348824	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	0		0		0	
c. CISS	0		0		0	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	0		0		0	
g. WIC	0		0		0	
h. AIDS	0		0		0	
i. CDC	0		0		0	
j. Education	0		0		0	
k. Other						

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2009		FY 2010		FY 2011	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Direct Health Care Services	404074	404074	614374		472088	
II. Enabling Services	104678	104678	267119		134882	
III. Population-Based Services	318292	318292	267119		337207	
IV. Infrastructure Building Services	261045	261045	186983		404647	
V. Federal-State Title V Block Grant Partnership Total	1088089	1088089	1335595		1348824	

A. Expenditures

Estimates are needed in providing budget and expenditure details. When assessing the performance of a public health professional, breakdown of expenditures by type of services can be a very difficult task. However, the task is quite easy at the levels of the pyramid related to direct services. We know at this level who serves the different groups of the MCH population and the amount of time dedicated to each of the subgroups, allowing us to determine the expenditures by the individual served. But trying to estimate the amount of time dedicated to each of the subgroups comprising the MCH population, as well as the time dedicated to perform enabling, population-based or infrastructure building services is not an easy task. For this reason, estimates made may lead to discrepancies between the budgeted and the expended figures by levels of the pyramid.

Guam Title V continues to make a concerted effort to refine our budget to distinguish direct services from enabling services and population-based services.

Administrative Costs are budgeted at \$76,981, which is 10 percent of the total federal grant

award. This amount will not exceed the allowable 10 percent of the total MCH Block Grant as mandated in OBRA 1989.

Personnel employed are to develop and implement standards of care as well as to provide direct services to clients. Typically, classes of employees include physicians, social workers, nurses, nurse practitioners, nutritionists, health aides and administrative staff. Employees are required to meet the standards for practice as specified by his or her professional organization.

Purchasing of medical and office equipment is necessary in order to administer the program. The equipment items are minor parts of the budget.

Supplies include the necessary clinical and office materials to operate the programs and to deliver patient care. Purchasing of supplies will be centralized and according to purchasing policy of the government of Guam.

Contractual reflects funds budgeted to purchase services from outside providers. Examples would be the Pediatrician or Nurse Practitioner for children and infant services. Furthermore, this individual acts as our Newborn Metabolic Screening Physician.

Other expenditures include telephone, copying and postage used on behalf of the block grant program.

B. Budget

Form 2 outlines our proposed budget for the coming federal fiscal year 2011. For FY 2011, children's preventative and primary care comprise a minimum of 30% of the anticipated federal allocation. Children with Special Health Care Needs reflect 30% of the federal allocation and include spending in the areas of direct services. Administrative expenditures are budgeted to be no more than the allotted 10% of the budget.

The Guam Title V Program will expend funds for the four types of services (Core Public Health/Infrastructure, Population Based Individual Services, Enabling and Non-Health Support, and Direct Health Care Services). Services will target the three categories including pregnant women and infants, children and adolescents, and Children with Special Health Care Needs, specifically those in families living at or below 185 percent of the federal poverty level.

1. Preventive and Primary Care Services

The Guam MCH Program will continue to expend Title V funding earmarked for preventive and primary care on immunization, case management and care coordination, hearing and vision screenings and genetic testing and counseling. Clinical services include well child, maternity and prenatal care, family planning, oral health services. Approximately 90% of Title V funding used to cover local health department clinical services. Title V will also support home visiting and care coordination services for pregnant women and infants as well as other activities aimed at improving the health of pregnant women and infants including standards development, quality assurance, health promotion and outreach.

The Title V Program continues to try to proactively address factors influencing birth outcomes such as unintended pregnancy, obesity, preconception, prenatal care utilization, alcohol, substance abuse, tobacco, mental health, and eliminating disparities for pregnant women in accessing services.

2. Services to Children with Special Health Care Needs

Title V funding is used to support the Children with Special Health Care Needs activities and services. These programs and services address newborn hearing and metabolic screening,

genetic services, and locating medical and dental services specifically for children with special healthcare needs.

3. Infrastructure Building Services

Funds used for the salaries of clinical and administrative staff will help sustain the infrastructure of MCH/CSHCN programs. Funding also needed for the needs assessment and other core functions, equipment, professional development, the purchase of computers, e-mail and informatics system maintenance, support for applied research and surveillance. Funding used to cover travel expenses for attending required meetings, conferences and trainings in the mainland, and other related activities.

4. Administrative

Administrative costs in the Department of Health and the Maternal and Primary Care Administration include administrative overhead, internal accounting and information system charges, budgeting, and other charges generated from the operations and management units of the operating division.

The total request for the Maternal and Child Health Block Grant for FY2011 is \$1,348,824. The State Match is \$578,998.

The breakdown is as follows:

1. Pregnancy women \$442,347
2. Infants < 1 year old \$147,449
3. Children 1 to 22 years old \$393,198
4. Children with Special Health Care Needs \$230,948
5. Administration \$134,882

Types of Services by Levels of the Pyramid:

For FY2011 \$472,088 is budgeted for Direct Health Care Services. This includes prenatal care and delivery services for pregnant women not eligible for Medicaid or the locally funded Medically Indigent Program; services for high-risk pregnant women; medical service for children with special health care needs and clinical services provided through the local health department.

Guam had budgeted \$134,882 under Enabling Services for FY'10. Activities included under this level of the pyramid are case management services for pregnant women; outreach to pregnant women and children; nutrition education activities targeted to pregnant women and infants; coordination provided through the local health department and/or community based organizations; and assessment, monitoring and referral activities for children with special healthy care needs.

For Population based services, Guam has budgeted \$337,207. These activities include immunizations, oral health education, newborn metabolic screening, genetic activities and injury prevention.

Guam has budgeted \$404,647 for Infrastructure Building Services. Funds designated to support MCH planning activities for collaboration between the local hospital, Southern and Northern Regional Health Centers and community planning activities.

VI. Reporting Forms-General Information

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

For the detail sheets and objectives for the state performance measures developed from the 2010 needs assessment, refer to TVIS Forms, Form 11 and Form 16 under the section "New State Performance Measure Detail Sheets and Data."

VIII. Glossary

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note

Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents

A. Needs Assessment

Please refer to Section II attachments, if provided.

B. All Reporting Forms

Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents

Please refer to Section III, C "Organizational Structure".

D. Annual Report Data

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.